NEXT ANNUAL SESSIONS
California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940
American Medical Association, New York, June 10–14, 1940

# CALIFORNIA AND WESTERN MEDICINE



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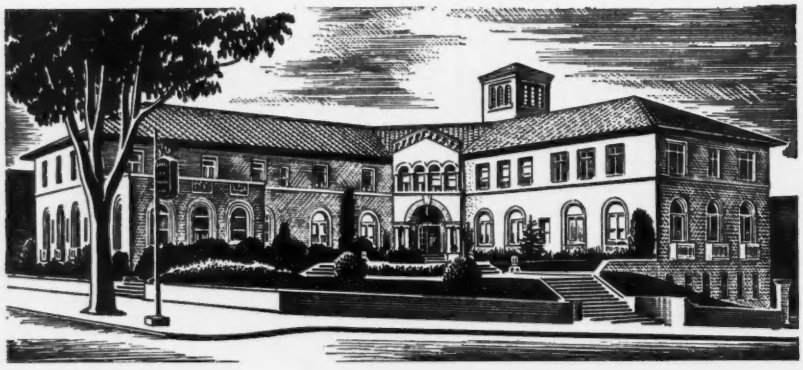

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# CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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## California and Western Medicine

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*Leaflet Regarding Rules of Publication.*—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.


## DEPARTMENT INDEX

*(Itemized Index of Articles is printed on Front Cover)*



# EDITORIALS†

## PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

**Principles Embody the Considered Action of the American Medical Association House of Delegates.**—The first editorial in the last two issues of the OFFICIAL JOURNAL had the caption, "Platform of the American Medical Association"; the December number carrying, in addition, on page 394, some explanatory comment on each of the eight principles contained therein.

Attention is again called to the origin of the set of principles of organized medicine, as expressed by our national organization: in the first instance, and at various times for the respective articles, by the House of Delegates of the American Medical Association; and subsequently, in November last, at the annual conference of secretaries and editors of state medical associations, through pronouncement by the Board of Trustees of the American Medical Association.

It is a tribute to the good judgment of those representatives of scientific and organized medicine who have made up the membership of the American Medical Association House of Delegates in succeeding years that their reactions to the medical needs of the people of the different states of the Union were so well conceived; that, when the principles that had been espoused were placed in a code form, they should excite almost general approval. True, here and there, and in our own State, from one or two of the lay proponents long associated with almost partisan espousal of a compulsory health system, an attempt has been made to point out defects in the American Medical Association platform. Criticisms from those sources, however, members of the medical profession of California, through experience in days gone by, have learned to appraise at proper value.

* * *

**Secretary of Public Health in the President's Cabinet.**—The medical profession of California is justified in taking a special pride in Principle 1 of the platform, namely,

1. The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy,

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

and this because of the prominent part taken by Dr. Thomas M. Logan of California, president of the American Medical Association in 1874, who at that time and prior thereto (as outlined in the article on page 6 of the January issue of CALIFORNIA AND WESTERN MEDICINE) may be said to have been, in all probability, the foremost protagonist in the effort of American medicine to bring that principle into being.

Almost three-quarters of a century have intervened since Doctor Logan thus challenged attention, and the people of the United States are still waiting for the establishment of this much-needed agency in our Federal Government. In the meantime, material interests of the nation have been given full recognition, even though vital needs have been forced to wait. Perhaps, however, out of the social unrest of our present period will finally come the institution of a secretary of public health in the cabinet of the President of the United States!

Under such a coördinated administration of all medical and health functions of the Federal Government, it should be possible to initiate measures of sane and practical nature through which procedures could be inaugurated, designed to remedy whatever deficiencies may exist in the adequacy of medical care to all our people.

* * *

**American Medical Association Platform Worthy of Study by All Physicians.**—Members who have not yet read the platform of the American Medical Association (which is also the platform of each of the constituent state medical associations) should put aside their December issue of the OFFICIAL JOURNAL, with promise to themselves to peruse the American Medical Association principles and the comments thereon, as given on page 394 of that number.

It is important, in troublous times such as the present, that we should move forward with united front. Clear understanding and whole-hearted espousal of the principles outlined in the American Medical Association platform will permit us to do so.

---

## PRESIDENT ROOSEVELT'S HOSPITALIZATION PROPOSALS

**Recent Announcement by President Franklin D. Roosevelt.**—On December 22 last, at his usual press conference, President Roosevelt gave an outline of proposed aid to poorer communities in the United States, in which, in the opinion of competent local medical and other authorities, a real need for hospital facilities exists. The Chief Executive of the Nation stressed the point that his proposals were not to be of the same nature as ordinary "grants-in-aid"—that is, for the matching of federal with state funds—but comprehended, rather, a direct allocation of federal moneys to permit the erection of modest hospital units, title to which, however, would remain in the Federal Government, with maintenance to be cared for by local communities. Reason for this: the wealthier states have ample means to provide all necessary hospital facilities for their citizens; whereas, in some of the poorer states, in which hospitals were presumably inadequate, the need of certain support from the nation's treasury seems indicated. This again, on the ground that all states are part of the Union, and that it is the obligation of the Federal Government to help those commonwealths not having resources and means necessary to provide for themselves.

* * *

**Significance of the Announcement.**—Significant also were several other things brought out at this press conference: (1) That President Roosevelt felt the Wagner Health Bill program for 80 million dollars in the first year, and almost one billion dollars in ten years, is not warranted under existing conditions; (2) that his proposals for the erection of hospitals contemplate an initial appropriation by the present Congress of about 10 million dollars, on the supposition that a single one-story hospital unit can be built for about $150,000; and (3) that this is the first conference at which official representatives of the American Medical Association have been invited in joint audience with the Chief Executive to discuss medical needs of the country!

This change of front on the part of legislative and executive authorities at the nation's capitol is welcome news to the medical profession of the United States, whose members have not forgotten that some of the Washington governmental activities in relation to medical service and public health activities have been anything but pleasing or in line with proven methods for the maintenance of the quality and adequacy of medical service.

* * *

**Proposed Plan More in Harmony With the American Medical Association Platform.**—The suggested program is in line with tenets laid down in the recently promulgated American Medical Association platform, in which is implied the greater value of judgments secured from competent local sources than that which could be expected or obtained from far-distant, swivel-chair opinion in the District of Columbia. By and large, the people of the United States still believe in the value of local option and authority in the handling of community problems, both for the states and their constitutional county units, of which the commonwealths are composed.

* * *

**Weakness of Political Bureaus.**—Whether it is wise for the Washington Government to retain title in the hospital properties, thus laying the foundation of another bureau that would assume a certain amount of supervision or overlordship of such institutions (with prospects of extension in size, number, and scope of the federal agency involved, as usually comes to pass in all political bureaus), may be a question. The query can also be expressed, Why could not the money be loaned to the local communities, in a manner similar to loans to citizens who build homes with federal

moneys? Enabling legislation, surely, might make such a procedure possible.

It is only necessary to glance back at the development and increase in number and functions of the institutions that are part of the Veterans' Facilities to find an example on how much deviation and many changes can take place from the original plans and scope of such endeavors in a brief ten to twenty years!

The hopeful feature, however, is this: that the Wagner or similar substitute bills, even though they be given much publicity in the present Congress, probably will not in this presidential year of 1940, at least, have much chance of passage.

In the meantime, if the limitations which President Roosevelt has himself conceded be made to apply to placement and construction of needed hospitals, it should be possible to learn, in the months to come, what practical responses will result from these recent announcements.

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## PRESENT-DAY CONDITIONS CALL FOR MILITANCY IN ORGANIZED MEDICINE

**Some Recent Committees.**—Movements and committees, self-constituted and otherwise, with their pronouncements of purposes to bring into existence a betterment in methods of medical practice and care, are experiences with which members of the medical profession are now quite familiar. The high-sounding names of some of these groups of recent years have not been sufficient to disguise the basic intentions of certain leaders in such efforts, who seem to be obsessed with the thought that their paper-plans would bring much more good to the citizens of the United States than the existing system of medical practice. Within the medical profession, also, there have been those who, with well-meaning purposes, but not always with oversound judgment, were willing to stand out as exponents of procedures in practice that are not and cannot be acceptable to the great majority of physicians.

* * *

**American Medical Association the Favorite Object of Attack.**—During this period of agitation, the one medical organization that has been picked out as the target for reproach is the American Medical Association; the attackers forgetting that our national organization is nothing more than the total membership of the constituent state medical associations and their component county medical societies. If these onslaughts had come always from committees of purely civic complexion, or from groups even within the medical profession, acting singly or in concert, the impact of the battle might not have been of much seriousness.

* * *

**Menace of the Political Element.**—When, however, to these forces is added a political element, such, for instance, as that expressed by Assistant Attorney-General Thurman Arnold in his press releases on the criminal indictments of officers of the American Medical Association (in connection with the litigation concerning the Group Health Association of the District of Columbia), the picture takes on a different set of color tones.

True, though it be, that the District of Columbia federal court severely criticized the procedures sanctioned by certain representatives of the Attorney-General's department in the grand jury hearing of the Group Health Association (the appellate opinion being indirectly upheld by the Supreme Court of the United States), it is likewise evident that untold harm was done the medical profession of the United States through the improper publicity carried to every corner and hamlet in the land. No wonder that President Rock Sleyster of the American Medical Association, in a recent address, referred to the "five persecution years" to which the profession had been subjected!

* * *

**Deplorable Results of the Misrepresentation.** The propaganda that was thus started may be said to have destroyed, in the hearts and minds of many citizens, the faith they had previously had in the high-minded devotion for public service by members of the medical profession. The essence of such poisonous whisperings lies in this—that many citizens are made to believe that, while their individual physicians are as generous as they have always believed, yet, taken collectively, doctors are a selfish and a dangerous group!

Denials made in the name of the national, the state, and the county medical associations are of little avail, because opponents promptly countered the arguments with the old cry that the "medical trust" was only trying to cover up its deficiencies.

In this dilemma, in former years scientific medicine, through its organized units, the American Medical Association and, in our own state, the California Medical Association with its forty component county medical societies, has found itself handicapped.

* * *

**Public Health League of California.**—Here in California, in a group with which many members of the medical profession are affiliated, and in association with dentists, pharmacists, nurses, and others, it has been possible—through the organization known as the Public Health League of California—to combat those attacking the best public health interests of the commonwealth.

To meet and rout misrepresentation concerning the motives of scientific medicine, experience has shown the advantages to be derived from having a militant front, to protect basic rights and public health interests. It is just here that is found the value for good work by an organization other than a regular medical society. Such a group should be a separate and independent entity, enrolling doctors of medicine, doctors of dentistry, pharmacists, and nurses, so that the individual and conjoint standards of those respective professions may be better safeguarded.

It is to the great credit of the Public Health League of California, in its efforts to maintain professional standards and public health service, that

it has given to the people of California ample expression of its reason for being and of its real worth.

* * *

**National Physicians' Committee for the Extension of Medical Service.**—In like fashion, to promote and protect public health interests of the United States, it may be assumed that, under wise management, the recently formed "National Physicians' Committee for the Extension of Medical Service" will be able to make for itself an enviable record. Readers who may not have noticed, on page 360, in the December issue of the OFFICIAL JOURNAL, the article on "The Achilles Heel of American Medicine," are urged to refer to the same. In times such as the present, it behooves physicians who would be alert to present-day trends to keep abreast of all movements that bid fair to leave an impress on methods of medical practice.

As we understand it, the "National Physicians' Committee for the Extension of Medical Service" is an independent, voluntary organization having, as members, physicians in every state of the Union, who seek through it, in coöperation with other established societies such as the American Medical Association and its constituent state associations and affiliated organizations, to do all in their power to promote and bring to realization the fullest possible efficiency of the medical profession—through provision of adequate medical care to citizens in every portion of the United States.

The sponsors of the newly formed National Physicians' Committee are medical men who have been long affiliated and active in the promotion of the best interests of scientific medicine. They invite inquiries and fullest investigation, and hope for generous coöperation.*

## ON VARIOUS TOPICS

**California Medical Association Annual Session, Hotel del Coronado, May 6-9, 1940.**—Monday, May 6, to Thursday, May 9, is not far distant. Then, or beginning, in fact, on Sunday, May 5, at the Hotel del Coronado, with unofficial conferences and clinics, will be held the sixty-ninth annual session of the California Medical Association.

Once again, appeal is made to all members who have films or scientific exhibits for presentation to communicate promptly with the Association Secretary at the headquarters office in San Francisco so that adequate facilities may be provided. Details of the arrangements for this year's annual session were discussed on page 289, in the November issue of the OFFICIAL JOURNAL, the hotel accommodations and rates being given on page 333 of the same number.

Concerning papers for any one of the twelve scientific sections, application should be submitted to the section secretaries, whose names and addresses appear in the roster to be found on page 6 in the front advertising portion of the current issue.

*Address: National Physicians' Committee, 700 North Michigan Avenue, Chicago, Illinois. John M. Pratt, Executive Administrator.

**California Medical Association Postgraduate Conferences Increasing.**—Officers of component county medical societies who failed to notice the contributions on postgraduate conferences and refresher courses, listed on page 33 of the January issue, are requested to scan those reports and ask themselves why similar courses should not be offered to the members of their own county societies? The State Association for some time has been willing to do its part, and asks for nothing more than an active, working committee of one or more local members which, on behalf of their respective unit, will assume the responsibility of faithfully carrying out the announced local program so that both guest speakers and audiences may not be disappointed. During February, clinical conferences will be held in several districts, and reports thereon will appear in next month's issue of the OFFICIAL JOURNAL. Correspondence with the headquarters office is cordially invited.

* * *

**Official Visits by President Dukes and Association Secretary.**—President Charles A. Dukes of Oakland, and the Secretary-Editor, Dr. George H. Kress, in their visits to component county societies have traveled almost 8,000 miles. In the different districts they were accompanied by the respective councilors, who joined with them in the presentation of organization and other problems and activities in which the members of the California Medical Association should have interest. President Dukes will probably complete his itinerary by the end of February.

President-Elect Harry H. Wilson will then take up his portion of the work, in visits to those units not in the year's schedule of President Dukes. Further notes concerning visits appear in this number, on page 82.

Truly, the honors of high office in medical societies nowadays mean much withdrawal from routine professional work for those fellows upon whom the mantles of office are placed; in fact, quite as applicable to county society as to state association officers and committees.

* * *

**An Advertiser's Tribute to "California and Western Medicine."**—How many readers noticed the advertisement in the January issue, opposite the masthead and first editorial page, in which the firm of Eli Lilly and Company of Indianapolis printed, in their full-page space, the following simple announcement:

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consecutive year of advertising
in California and Western
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CALIFORNIA AND WESTERN MEDICINE wishes officially to express to the firm of Eli Lilly and Company its acknowledgments for their coöpera-

tion with the OFFICIAL JOURNAL of the California Medical Association during these many years. CALIFORNIA AND WESTERN MEDICINE looks upon this record of thirty-four years of such advertising patronage as a tribute to its advertising worth in calling attention to the Eli Lilly pharmaceutical and other products. For this expression of confidence we are grateful, and we extend to Eli Lilly and Company the OFFICIAL JOURNAL'S best wishes for continued prosperity.

May we also suggest that we believe Eli Lilly and Company of Indianapolis would appreciate letters of gratulation from individual members of the California Medical Association?

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**Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 77.**

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# EDITORIAL COMMENT†

## ELECTRO-ANESTHESIA

That electronarcosis is of clinical promise is currently alleged by Doctor Silver[1] of the Department of Physiology, University of Chicago.

Successful production of anesthesia in laboratory animals, by the application of the direct electric current, was first reported about thirty-five years ago by Leduc.[2] His results were afterward both confirmed and denied by certain German physiologists.[3] This denial may have been the main reason why adequate clinical trials of electro-anesthesia have not yet been made.

In order to determine presumptive clinical applicability of the Leduc technique, Silver made numerous preliminary tests with rats. Large dry cells, an ammeter and a rheostat were connected in series, and the current passed through the bodies of rats by means of nonpolarizable electrodes. The animals were usually anesthetized with ether before inserting the electrodes, the cathode being firmly placed against the roof of the mouth and the anode in the rectum. The strength of the current was gradually increased from zero to 10 milliamperes, and the ether then removed.

Control, etherized rats without current usually emerged from the anesthesia within five minutes. As long as the current was allowed to flow, however, the experimental animals gave no response to noxious stimuli, such as cutting, burning, or powerful tetanizing shocks. Tests have been continued up to four hours, the current being reduced to 8 milliamperes after the first half-hour.

To terminate the electro-anesthesia, the current is gradually reduced to 4 milliamperes, its direction reversed for ten seconds and then discontinued. Normal reflexes are regained within five minutes, and fully normal behavior within ten minutes. Repeated periods of electro-anesthesia, up to a total of ten hours, have led to no detectable pathologic change. With the cathode placed on the shaved skin of the shoulder, the head and forelimbs are outside the path of the current, the anesthesia being confined to the hindquarters.

Studies of the site and mechanism of the electro-anesthesia have shown that the reflex-block is in the central nervous system, and not in peripheral structures.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1 Silver, M. L.: Proc. Soc. Exper. Biol. and Med., 41:650 (June), 1939.

2 Leduc, S.: Arch. d'electric med., 10:769, 1902.

3 Von Neegard, K.: Arch. f. klin. chir., 122:100, 1933. Sack, G., and Koch, H.: Ztschr. f. d. ges. exp. med., 90:349, 1933.

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## PREVENTABLE SEASONAL SUFFERING

The time-honored platitude, that "the errors of omission are worse than the errors of commission," is recalled to every doctor's mind each time he hears of a case of an entirely preventable disease, such as smallpox or diphtheria. "It's a crime that that child was not immunized," he meditates. Every year at this time, however, with unfailing regularity at least 4 per cent of California's population suffer two or more months from preventable symptoms of hay fever and asthma due to pollen allergy. We have little control over the important pollenating trees, grasses and weeds, and even less control over the winds that carry these pollens over long distances to unsuspecting victims. With modern methods of hypodermic desensitization, however, 80 per cent of these unfortunate, wet-nosed, bleary-eyed, sneezing (or wheezing) patients can have their symptoms entirely prevented, and 15 per cent may have them so minimized as to be barely noticeable. There is little excuse for allowing people to suffer from such annoying symptoms; many thousand clinical crimes are committed annually by doctors not letting their allergic patients know that they can be relieved.

Only a small minority of pollen-allergy cases are being properly treated. The large majority of sufferers do not know that they can be helped. The remainder fall into four categories: (1) those not being treated because of previous disappointments from old-fashioned, ineffectual methods or bizarre, prematurely ballyhooed, untested methods; (2) those being treated by assorted quacks; (3) those being improperly treated by medical men under a mistaken diagnosis of "chronic sinusitis," "chronic bronchitis," etc.; and (4) those that are being treated with drugs whose effects, if any, last only a few minutes or a few hours until the given dose is eliminated. Into this latter class fall the vasoconstricting nasal sprays and packs, the oral use of ephedrine and its homologues, and the oral use of adrenal products and inorganic salt mixtures. The less said of the side actions of cer-

tain commonly used drugs, the better. Oral pollen-therapy has been productive of little nasal relief, but considerable diarrhea. The economic loss caused by unnecessary "changes of climate" because of ill-informed physicians' advice is considerable.

Cases of pollen allergy should be thoroughly skin-tested, and individual mixtures of pollens for treatment chosen on the basis of these tests, plus a knowledge of the botanical peculiarities of the patient's residential district. Starting with a high dilution, subcutaneous injections of the individual extract should be administered at appropriate intervals, and increase of dosage governed by the individual's local reaction and progress. Most of the 5 per cent of "failures" with hypodermic hyposensitization are due to faulty testing and interpretation of skin-tests, inactive treatment material, or improper dosage. In the last analysis these faults are due to lack of experience or proper equipment, and still leave allergy with an immeasurably better record than any other branch of medicine.

Physicians can earn the everlasting gratitude of the unfortunate allergic adults and children in their practices by getting into contact with them, and explaining what the modern, rational practice of allergy can do for them. The most appreciative patients that we can have are the seasonal allergics who have found that, although pollenation is inexorable and inevitable, their seasonal symptoms are not necessarily so. If the physician is not equipped to test and treat these cases himself, he should refer them to a competent allergist rather than persist in more or less ineffectual local or drug treatments.

The foregoing ideas were put into operation on a small scale last year, with results so interesting that they are worth summarizing. In February, 1938, five general practitioners went through their records and found sixty-eight cases of seasonal hay fever. These were communicated with by telephone, and the methods of testing and desensitization explained to them. Forty-seven had never heard of such methods, and were pleased to know about them. Thirty of this latter group reported for testing and desensitization treatment to their family physician, or to an allergist recommended by him. Twenty-six received complete relief from symptoms that spring, and the remaining four enjoyed eminently satisfactory diminution of symptoms. Of great significance, too, is the fact that twenty-eight of the thirty patients treated have either continued treatment by the perennial method, or have reported again this year for preseasonal therapy.

135 Stockton Street.

MILTON M. HARTMAN,
San Francisco.

Children are not so much to be taught as to be trained. To teach a child is to give him ideas; to train him is to enable him to reduce those ideas to practice.—H. W. Beecher.

# ORIGINAL ARTICLES

## COMBINED NITROUS OXID-OXYGEN LOCAL ANESTHESIA*

*By* P. K. GILMAN, M. D.
*San Francisco*

FOR the third time it is my privilege to appear before the members of this section and give a brief résumé of the results of added experience with combined gas-oxygen local anesthesia.

The first report was made in 1925;[1] the second in 1932.[2] The operative cases upon which these previous communications were based were those treated at Stanford University Hospital. In the present report that practice will be continued and patients treated only in this institution included.

### CLINICAL MATERIAL FOR THIS STUDY

The 435 operative cases upon which this report is based were private patients. A large number of patients were operated upon during this same period in the Surgical Clinic of the Stanford University Medical School, using similar anesthesia. These are not made use of, owing to the fact that several surgeons cared for this group and exhibited personal differences in preoperative preparation, operative technique, and postoperative routine.

It is imperative that certain points must be reaffirmed and again emphasized even at the cost of repetition. The first of these, in my opinion, is coöperation between not only the anesthetist and surgeon, but between anesthetist and patient.

As stated in previous communications, the staff of physician anesthetists at Stanford Hospital deserves the highest praise. Under the able leadership of Dr. Caroline Palmer, the prolonged use of gas anesthesia was begun instead of using it merely to introduce ether. Since Doctor Palmer's retirement, her successor, Dr. Adena Dutton, has maintained the high standard of efficiency and coöperation to which she fell heir. It has been my privilege to work with the members of this staff and help develop the use of nitrous-oxid-oxygen in all types of surgery where a general anesthetic is indicated.

Any general anesthesia, irrespective of the agent used to produce it, is the result of a definite combination of interests. These are even more important and necessary if a perfect anesthesia is to result with nitrous-oxid as the agent.

To the patient the yielding up of his consciousness is an important event, even though it be looked upon as a routine occurrence by the anesthetist. The latter should meet the patient, and be allowed to suggest necessary changes in the anesthetic program and not see the patient for the first time under the influence of preoperative medication on the operating table. There should exist a close association between the various members of the operating group, including the one adminis-

* Read before the Section on Anesthesiology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

TABLE 1.—*Summary of Postoperative Complications*

| *Laparotomies* | *Thyroidectomies* | *Hernias* | *Mastectomies* | *Rectal Cases* | *Minor Pelvic* | *Minor* | *Fractures* |
|---|---|---|---|---|---|---|---|
| 201 | 104 | 21 | 22 | 18 | 11 | 49 | 9 |
| ETHER<br>Nine cases required a small amount to relax abdomen | ETHER<br>None | ETHER<br>None | ETHER<br>None | ETHER<br>One few breaths to dilate sphincter | ETHER<br>None | ETHER<br>One very young baby | ETHER<br>None |
| RESISTANT<br>Four stout patients<br>One very anemic patient | RESISTANT<br>Nine induction resistant | RESISTANT<br>One during induction<br>One chronic bronchitis cough | RESISTANT<br>Two stout women resistant but satisfactory anesthesia | RESISTANT<br>Four during dilatation of sphincter | RESISTANT<br>None | RESISTANT<br>One infected pilonidal cyst | RESISTANT<br>None |
| SHOCK<br>Two patients in some shock | SHOCK<br>One split sternum huge intragoiter | SHOCK<br>None | SHOCK<br>None | SHOCK<br>None | SHOCK<br>None | SHOCK<br>None | SHOCK<br>None |
| VOMITING<br>Twelve primary emesis in unprepared emergency patients<br>Four slight transient nausea<br>Three vomited more than twenty-four hours | VOMITING<br>Four slight nausea<br>Four primary emesis on table<br>One vomited once after return to bed | VOMITING<br>One during the anesthesia<br>One primary emesis | VOMITING<br>One primary emesis<br>One transient nausea | VOMITING<br>One during anesthesia | VOMITING<br>None | VOMITING<br>Two nausea for one day | VOMITING<br>None |
| RESPIRATORY<br>One mild bronchopneumonia<br>Two pulmonary embolus—recovery<br>One pneumonia in patient 61 years<br>One prolonged cough | RESPIRATORY<br>One massive collapse lung—recovery<br>One broncho-pneumonia, age 73 | RESPIRATORY<br>One chronic bronchitis. Cough persistent but not increased | RESPIRATORY<br>None | RESPIRATORY<br>None | RESPIRATORY<br>None | RESPIRATORY<br>None | RESPIRATORY<br>None |
| DEATHS<br>One carcinoma, rectum, pneumonia, age 61 years<br>One empyema gall-bladder.<br>One carcinoma gall-bladder eighth day<br>Two embolus<br>One general peritonitis<br>One 70-year-old myocarditis<br>One aneurysm celiac axis | DEATHS<br>One pneumonia, age 73 years<br>One age 64 years—split sternum for huge intrathoracic goiter<br>One total for anginacardiac death<br>One total for carcinoma. Cardiac death<br>One embolus | DEATHS<br>None | DEATHS<br>None | DEATHS<br>None | DEATHS<br>None | DEATHS<br>None | DEATHS<br>None |

tering the anesthetic. This association makes for smoothness and efficiency, and all benefit, especially the central figure, the patient.

### GENTLE HANDLING OF TISSUES

As a house officer more than thirty years ago, I served my time giving anesthetics. A familiar request from operating surgeons was for more and deeper anesthesia. Instead of coöperating, the surgeon was often unwilling to delay a moment, was often ungentle in his manipulations, resulting in a protective reaction on the patient's part, further interfering with the smoothness of the procedure, and usually blamed upon the anesthetist. Today our combined efforts are directed to keeping the patient as lightly anesthetized as is consistent with proper relaxation. This, in turn, results in one of the greatest safeguards for the patient by making gentle handling of tissues absolutely necessary. Light anesthesia may only be maintained if the operator's manipulations are gentle and if he will cease even these temporarily at the anesthetist's request should the patient react unfavorably.

### HOSPITALIZATION AND PREMEDICATION

Unless the condition is an emergency demanding immediate surgery, all patients candidates for major procedures should be hospitalized at least twenty-four hours previously. This will allow the patient to become accustomed to his surroundings and routine, and often build up an important mental tranquillity. The effect of preoperative fluids may be determined and a proper sedation carried out. Not of least importance, the anesthetist is able to meet the patient and be in a position to offer valuable suggestions.

Each patient naturally is a separate problem demanding individual modification of any preoperative routine. In general, however, we allow as free a diet as is tolerated the day before operation, with liberal water intake. No catharsis is employed unless especially indicated, and an eve-

ning cleansing enema is depended upon to empty the lower bowel. Intravenously, the patient receives up to 1,000 cubic centimeters of a 5 or 10 per cent solution of glucose unless some contraindication exists.

Preliminary medication is instituted the evening before operation. This not only insures the patient a tranquil night's rest, but instructs the surgeon as to the reaction of the patient to the drug used and the amount required to produce the desired effect. At present we use one of the barbiturates at sleep time, and this is repeated in the morning two hours before the operation is scheduled. Half an hour before the patient is taken to the surgery a proper dose of morphin, usually combined with atropin, is given hypodermatically.

### AFTER-OPERATION CARE

Such a patient demands gentle handling in order not to defeat the influence of the premedication. The bed should be wheeled to the anesthetic room, thus avoiding an extra transfer and the more or less drowsy patient expertly and gently lifted onto the table.

How many of us have awakened from sleep in our comfortable bed suffering discomfort produced by faulty position of an arm, a leg, our head and neck, or our body! If such occurs under normal sleep, with supposedly ideal conditions for comfort, how much more important a natural, unstrained position becomes with the body under a general anesthetic. The position of the patient should be as unstrained and natural as is consistent with the operation to be carried out. Gentle handling before, during and after the operation by the nurses and orderlies is second in importance only to that exhibited by the operator.

### PROCEDURE FOR ANESTHESIA

The patient having reached the table, he is usually anesthetized with nitrous-oxid-oxygen before the skin is prepared. Following this the field of operation is isolated with 0.5 per cent novocain solution, containing no adrenalin. Of this solution large amounts may be used if necessary, with no untoward adrenalin effect or temporary arrest of bleeding. This is especially important when applied to the peritoneum in abdominal cases, as it renders not only entrance through this layer less disturbing, but facilitates closure. No incision should be made until the anesthetist has been consulted, and operative manipulations should cease temporarily if the patient reacts. A delay of a moment or two under such conditions will save many times that if the patient is thoroughly disturbed. Fluid is administered routinely by hypodermaclysis if the operation is any but a brief one.

As stated above, light anesthesia with nitrous oxid-oxygen, supplemented by 0.5 per cent novocain, demands delicate handling of tissues. This delicate handling, added to proper hemostasis, banishes shock. Only in rare instances has it been necessary to add a small amount of ether to produce sufficient relaxation in deep abdominal lesions. Gentle use of gauze, in as small amount as is consistent with proper intra-abdominal exposure, and the use of self-retaining retractors permits steady rather than intermittent pull. Consider, if you please, all steps in an operation under combined anesthesia as being performed under local anesthesia and let no act be ungentle enough to produce objection on the patient's part if awake.

The position of the patient is of importance not only on the operating table, but later in bed and, if the bed is not brought to the operating room, on the ambulance. A soft surface, supplemented with sufficient pillows beneath the head and knees to relax the abdominal muscles after surgery, permits the waking period to be postponed and interferes less with a smooth and deep respiratory rhythm.

As nausea is usually absent or transient, the dangers attendant upon vomiting are not present. In addition to rectal installations fluids may be administered orally earlier than with ether or other anesthesia, replacing more promptly fluids either intravenously or subcutaneously.

Granted nitrous oxid-oxygen is less simple to administer than ether, its enormous advantages over the latter for a general anesthetic far outweigh these difficulties. Not every anesthetist has learned to appreciate the fact that the use of nitrous oxid requires more concentrated attention to more details than does the use of ether.

### STATISTICAL DATA

Of 201 laparotomies under nitrous oxid-oxygen combined anesthesia, nine patients required a small amount of ether to relax the abdomen during walling off manipulations. In addition, four stout patients were resistant, as was one very anemic patient. These required no ether for the satisfactory completion of the operation. Two of the 201 patients exhibited a mild degree of shock.

But three patients of the 201 vomited more than twenty-four hours, four experienced slight transitory nausea, and twelve had primary emesis before leaving the surgery, all these latter being unprepared emergency operative cases.

Respiratory complications consisted of one pneumonia in a 61-year-old rectal carcinoma patient who died, one mild bronchopneumonia followed by recovery, and two cases of pulmonary embolus. One patient's chronic bronchial cough continued unchanged after operation.

Deaths due to other than respiratory complications occurred in two patients with general peritonitis, one carcinoma of the gall-bladder, one myocarditis, and one rupture of an aneurysm of the celiac axis.

No ether was used in the 104 thyroid cases. Induction was recorded as resistant in nine patients, and shock resulting in death was present in one patient in whom it was necessary to split the sternum to remove an enormous intrathoracic extension. Four of these 104 patients had slight postoperative nausea, four primary emesis on the table at the close of the operation, and but one vomited once after returning to bed.

But two of the thyroidectomies had any respiratory complications. One recovered after a massive collapse of the lung, and a second, age 73 years, died of pneumonia. In addition, two patients died

of myocarditis and one of pulmonary embolus—five deaths in all.

For details of the remaining cases the accompanying chart shows the incidence of complications.

### CONCLUSIONS

After fifteen years' use, we still feel nitrous oxid-oxygen combined anesthesia possesses great advantages over all other forms.

Compared with local anesthesia, there is less strain imposed upon both patient and operator in any procedure of size. Used from the beginning, it causes less upset than if added during the course of an operation begun under local anesthesia.

Nitrous oxid-oxygen anesthesia upsets the body chemistry less than other anesthetic agents, is less irritating to the respiratory tract, and is followed uncommonly by nausea or vomiting.

The increased amount of relaxation produced by ether, and to a still greater degree by spinal anesthesia, is not an unmixed blessing. It allows rougher handling, which militates against a smooth convalescence and assists in producing shock.

The patient recovers consciousness promptly, postoperative distention is less, as are gas pains, convalescence is more rapid and uneventful.

While it may be necessary at times to vary the type of anesthesia to suit the individual, we have found nitrous oxid-oxygen to be the safest inhalation anesthetic for routine use.

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## RECENT ADVANCES IN THE TREATMENT OF HEMATEMESIS AND MELENA*

*By* GRANT H. LANPHERE, M. D.
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MANAGEMENT of hematemesis, in order to be successful, depends upon an accurate appraisal of the condition responsible for the initiation and maintenance of the hemorrhage.

The patient may vomit blood and pass tarry stools from such conditions as esophageal varices associated with cirrhosis of the liver, carcinoma of the stomach, peptic ulcer in the form of gastric, duodenal or anastomotic ulcers, erosions of the lining of the stomach walls, rare lesions as leiomyosarcoma of the stomach, polyposis, fibrosarcoma in Meckel's diverticulum or an aneurysm which has eroded through the esophageal or stomach walls.

Peptic ulcer, as most workers agree, causes 75 to 80 per cent of acute hemorrhage from the upper part of the gastro-intestinal tract. All other conditions may be placed in the remaining 20 to 25 per cent group.

During acute hemorrhage, the differential diagnosis of lesions of the upper gastro-intestinal tract from other conditions in the abdomen is far from simple, and is difficult to make. Therefore, initial treatment is the same, no matter what the source.

The history, which the patient or a relative gives, is most important in the differential diagnosis. If there have been recurrent episodes of epigastric pain with an ulcer type of dyspepsia, the diagnosis of bleeding peptic ulcer is practically assured, although gastric carcinoma can imitate this closely. In either instance an intrinsic lesion of the stomach or duodenum is suggested.

### SYMPTOMS AND SIGNS

The symptoms and signs of gross hemorrhage vary with the volume and rapidity of the loss of blood. Exacerbation or recurrence of the ulcer symptoms usually immediately preceded the onset of hemorrhage. Not infrequently, however, there is no history of ulcer symptoms.

Nausea is usually the first symptom, and may be followed by the vomiting of dark blood, liquid or clotted blood, and by fainting. Hematemesis or tarry stools may occure alone, or both may occur whether ulcer is in the stomach or duodenum. Tarry stools may not occur for some time after the hemorrhage although, if it is severe, unchanged blood may be noted in the stool. Shock often follows a massive hemorrhage, with severe pallor, dizziness, extreme weakness, headache, thirst and syncope.

Frequently it is possible to find the exciting factors which are responsible for the hemorrhage. In general, conditions which tend to produce activity of the ulcer, may provoke bleeding. Among these are unusual physical exertion, infections, particularly those of the upper part of the respiratory tract, dietary indiscretions, abuse of the use of alcohol and tobacco, as well as fatigue and nervous strain.

The physical findings are not of great value in the majority of cases, although they occasionally may be diagnostic. An epigastric mass, with or without palpable supraclavicular nodes or implants on the rectal shelf, strongly suggests the presence of gastric carcinoma. If the liver is firm, hepatic cirrhosis may be suspected. If the spleen is also moderately enlarged, supportive evidence is furnished for such a diagnosis. However, if the spleen is considerably enlarged, splenic anemia, or a form of hemorrhagic disease of the blood, is more probable. The presence of bleeding gums, purpuric spots or hematuria is further evidence of hemorrhagic disease.

Bleeding, which is one of the most common complications of peptic ulcer, occurs in from 20 to 30 per cent of cases. It is always an indication of activity of the ulcer and is often, but not always, preceded by other evidence of activity, such as the appearance of increase of pain or dyspepsia.

Ulcers in the stomach or along the anterior wall of the duodenum are more likely to heal than those in the posterior wall of the first and second portions of the duodenum. The latter show more tendency to become chronic and to cause severe bleeding. The invasion of the retroduodenal and pancreatic

* Read before the Section on General Medicine of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

tissue by an ulcer of the posterior wall of the duodenum causes an inflammatory process with adhesions to the periduodenal structures, thereby holding the ulcer open and enhancing chronicity. Fatal hemorrhage usually is caused by an erosion of a large artery along the posterior wall of the first or second portion of the duodenum.

### KINDS OF BLEEDING

The bleeding from a peptic ulcer may be classified into three groups, according to severity.

1. A slight ooze, which causes no symptoms, except occult blood in the stools.
2. The larger hemorrhage, which is manifested grossly in the stools, but does not cause the usual symptoms of internal bleeding.
3. The massive hemorrhage, which is manifested by hematemesis and melena.

### PROGNOSIS

According to Crohn,[1] the age incidence and mortality rate of hemorrhage revealed that the greatest number of hemorrhages occurred at thirty to fifty year age period, during which the mortality was rather low. After the fifty-year period there was a decline in morbidity, but an increase in the mortality rate.

The highest percentage of patients with gastric, duodenal, and anastomotic ulcers, who had a complication of hemorrhage, were in the fourth decade of life, and the greatest number of patients who died were in the fifth and sixth decades of life.

This demarcation and delimitation of morbidity and mortality, as influenced by age, is extremely significant in determining the prognosis in hemorrhage from ulcer.

Available records indicate that, on an average, ten days to two weeks elapsed between the onset of hemorrhage and death when treated by the older methods. Under recent management, except in a few instances, death occurs within two to three days. This is true in patients younger than fifty years of age, as well as those older patients with a prolonged history of recurrent hemorrhage in whom arteriosclerosis probably prevented the rigid vessels from closing. Every physician who has seen a gaping blood vessel fixed in the wall of a callous ulcer realizes that any conservative method of management sooner or later must end in disaster if it is routinely applied.

I do not contend that all patients, irrespective of age, who come to the hospital in severe shock, systolic blood pressure below 75 millimeters, erythrocyte count below the two-million mark, can be saved by the use of a liberal program of medical care. However, I have begun treatment with a modified Meulengracht regimen in most cases seen with hematemesis and melena, but I have found that it has been necessary to revert to a program of personalized therapy for individual cases.

The first hemorrhage in our series of patients was seldom fatal. However, I did observe that in those patients who had repeated attacks of hemorrhage the subsequent periods of bleeding became more and more severe. Hemorrhage, recurring at short intervals, was most apt to prove fatal. Death was due to the actual loss of blood from the tissues, or complications such as pneumonia and uremia.

### TREATMENT METHODS

At present there are several methods used to treat patients who have severe hematemesis.

*First Method.* The method advocated by Sippy[2] consisted of absolute rest in bed, opiates, ice coil on the abdomen, control of the free hydrochloric acid with adequate doses of calcium carbonate and magnesia oxid during the day and night for the first forty-eight to seventy-two hours. Then hourly feedings of milk and cream, bland foods, with alkalies during the first week. Later the patient was given his regular ulcer management. Sippy contended that, as a rule, acute hemorrhage did not recur after such management.

*Second Method.* Later, blood transfusions and intravenous glucose solutions were added to the Sippy management and are now generally used in most hospitals. Blood transfusion, as a replacement therapy, and its effect on the coagulability of the blood and on hematopoiesis, has been widely adopted in this country as an important adjunct to the general conservative method.

The ease and readiness with which blood transfusion may be given is a tribute to medical science. But lurking behind this achievement is the possible incrimination of the procedure as one of the factors responsible for the increased mortality rate. An analysis of those of our patients who received one or more transfusions shows its usage did not avert a fatal outcome. Probably one of the best indications for transfusions is to prevent, if possible, the systolic blood pressure from falling below 90 millimeters of mercury. The amount of blood given should average between 250 to 400 cubic centimeters at one time.

*Third Method.* An interesting and radical innovation was introduced by Meulengracht[3] of Copenhagen, who reported a sensationally low mortality of less than one per cent among 251 patients having severe hematemesis and melena. He fed these patients an abundant and varied diet in pureed form the first day of admission to the hospital. He believed that food and alkalies, by neutralizing the gastric acidity, would prevent further penetration by the ulcer and reduce the gastric motility, while the supply of nourishment and vitamins would favor healing processes and lower the mortality figures. Meulengracht found that he had to use blood transfusions in about 10 per cent of his patients.

*Fourth Method.* The treatment of hemorrhage from ulcer by a continuous drip, as suggested by Winkelstein and its recent application by Woldman,[4] with aluminum hydroxid is a successful form of therapy. The patient is fed by this method, day and night, through a small indwelling nasal tube which functions best if not introduced beyond the cardia. In addition to the continuous drip method, Woldman gives small feedings per mouth for ten days; then removes the tube and places the patient on ulcer management.

I have observed, by series of blood counts, how regeneration of blood rapidly occurs under the

liberal feeding plan following hemorrhage with the immediate use of iron preparations. Even in elderly patients convalescent periods were definitely shortened. Freedom from symptoms, rapid return of strength, ability to eat, better stools, absence of irritability concerning too little and too monotonous diet, are important factors in shortening a convalescent period. Regardless of whether or not mortality rate has been lowered, there is little doubt that convalescence has been more rapid and pleasant under liberal feeding.

Many times gastric analyses have been made at once or within a few days after the patient entered the hospital. Invariably it was found that those patients who had bled so extensively that the hemoglobin was as low as 30 per cent had free hydrochloric acid values which were 15 to 40 degrees. Later, when they had normal blood counts, the hydrochloric acid rose to high values, as is usually observed in patients with gastric or duodenal ulcer. Therefore, it is unlikely that there is very much acid in the stomach to neutralize in the majority of patients with severe hemorrhage.

The value of liberal feeding in extreme hemorrhage is partly explained by the fact that there is available a greater supply of carbohydrates and proteins which protect the liver, prevent acidosis and promote regenerative process throughout the body.

However, the crucial question remains: Does liberal feeding reduce immediate mortality?

## COMMENT

Portnoy [5] found that patients with ulcer complicated with hemorrhage showed the greatest deficiency of vitamin C. Also that a sufficiently severe C avitaminosis is associated with increased capillary fragility. He concludes that the diet of these patients with ulcer and hematemesis should be amplified by addition of vitamin C, while the parenteral administration of ascorbic acid in the first few days following severe bleeding should be of considerable value in reaching a rapid saturation of the tissues.

Analysis of Meulengracht's reports indicate that his series of cases were not restricted to peptic ulcer, but included all types of bleeding from any source whatsoever. Nevertheless, the fact remains that he has been able to have fewer deaths by use of his liberal diet, while his colleagues report no change or an increase. Observations made from our series indicate that most of those patients who had slight or severe bleeding could follow the Meulengracht regimen without untoward effects. However, there was a small percentage of patients who could not eat food or drink liquids because of nausea, vomiting and continued bleeding, and some of these terminated fatally.

The younger patients were given conservative care, usually the first twenty-four hours after admission, and then given liberal and frequent feedings with liquids and iron. Seldom was lavage of the stomach done or a blood transfusion given. In the group past fifty years of age, due consideration was given in each case, if the bleeding continued, as to the possibility of operation for direct approach and treatment of the hemorrhage.

The age of our patients played a more important rôle in the mortality than almost any other factor. The percentage of patients past fifty years of age who bled increased proportionally as the patients increased in age. This we believe is due to the more sclerosed vessels beyond middle life, making adequate clot formation difficult. The chronicity of the ulcer, habits of the patient, occupation and previous bleeding seemed to have less effect on the mortality than the age.

It is not difficult, as a rule, to recognize the rare cases of bleeding ulcer which will not recover from medical treatment. This is the type of case in which direct treatment of the bleeding point by operation is likely to be impossible, so that even when the operation is performed by surgeons of great experience, and the patient has been adequately prepared by transfusion, the mortality after operation must necessarily be extremely high.

However, if operation is reserved for the rare cases in which it seems probable that the source of bleeding is a large hole in a sclerotic vessel exposed at the base of a chronic ulcer, and if transfusion is given only under circumstances and in the amount described above, it should be possible to obtain a still further reduction in the already low death rate from hemorrhage in gastric, duodenal and anastomotic ulcer.

The first and most urgent problem, then, is to determine, if possible, whether the bleeding comes from a superficial ulceration or from a deeply penetrating ulcer. The question is not a case of surgery versus medicine. On the contrary the coöperation of the internist and the surgeon is most desirable. Each case must be evaluated in the light of the history of repeated hemorrhages, the age of the patient, and the type of bleeding. If surgical operation appears to be indicated, it should not be unduly delayed.

## CONCLUSIONS

1. Hemorrhage occurs at least in 30 per cent of gastro-intestinal, duodenal and anastomotic lesions.
2. The complication of hematemesis occurs most often in the fourth decade of life. Subsequent attacks of bleeding become more and more severe.
3. Since most patients stop bleeding before they arrive at the hospital, 90 per cent can be treated successfully with medical management. Those who continue to bleed while on management prove to be the most difficult patients to manage. Failure of both medical and surgical procedures often occurred in this small group.
4. Blood transfusions, with proper indications, are most valuable aids in the treatment of gross hemorrhage.
5. Ample and varied diet in pureed form, alkalies and iron as advocated by the Meulengracht method, favor healing of the ulcer, more comfort to the patient, and promotes more rapidly regenerative processes in the tissues of the body.
6. Mortality after operation of acute gross hemorrhage is extremely high.
7. The first two methods described for the treatment of hematemesis and melena are similar but

conservative. The third method described is liberal in ample food, somewhat radical but apparently very effective. The fourth method described is a safe and successful procedure of therapy. The third method, therefore, is, in my opinion, the best because it affords the possibility of reducing immediate mortality from gross hemorrhage by liberal feeding.

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## CHRONIC NONHEALING LESIONS OF THE NOSE*

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REPORT OF CASE

CASE 1.—Miss C., a white woman of 40, came to me in July, 1935, because of discharge from the left side of her nose. During the past year she had been to several ear, nose, and throat men, and had not been relieved. Examination of the nose showed slight irritation in the left vestibule, which extended onto the inferior turbinate a short distance. The mucous membrane looked rather punched out. There was a small amount of thin discharge. X-rays of the sinuses were negative. I treated the nose locally for about a year and there was only a little improvement. The patient went East for a year and was treated by another ear, nose, and throat man; but her nose was never clear of irritation. In December, 1937, she returned to me. Examination then showed the original lesions on the inferior turbinate and vestibule completely healed; but on the septum, at the mucocutaneous junction, there was a reddened indurated area, nearly one-quarter inch in diameter, with a small ulcerated center. I cauterized this area, and treated it locally and with ultra violet light. As the lesion on her septum got worse instead of better, in March, 1938, I removed a liberal piece of the tissue, which was diagnosed tuberculosis. Instead of getting worse, this area healed up within a short time and has remained healed. The skin of the left side of the vestibule, however, again became irritated and has remained so since. Recently, when the human, bovine, and avian tuberculin tests were all done at the same time, this irritation in the vestibule flared up, but has since quieted down. Guinea pig check on the tissue was not done. The x-rays and examination of her chest are essentially negative. The x-rays of her bones show no sarcoid lesions. The Wassermann and other tests are negative. The tuberculin tests were all strongly positive.

TUBERCULOSIS OR SARCOID

Last summer, shortly after her biopsy had shown tuberculosis, I heard Dr. Frank Kistner of Portland, Oregon, give his paper at the American Medical Association, in which he reported a case of sarcoid of the nose. I then wondered if my case might come under that classification. I talked to Doctor Kistner about it, and sent him a microscopic section. He wrote me that it might be a sarcoid.

As I had never heard the term sarcoid before, I began to investigate this subject. I found that there is a very interesting controversy as to whether sarcoid is a form or phase of tuberculosis or not. There is extensive literature upon this subject, but to me there was one outstanding article: "Noncaseating Tuberculosis," written by Dr. Max Pinner and published in the *American Review of Tuberculosis* for June, 1938. It is a thirty-page article in which he analyzes the literature to date. He lists 217 references. He is a recognized authority and writer on tuberculosis and its pathology. To me his reasoning and conclusions are the clearest and most logical. He believes that tuberculosis and sarcoid are simply different manifestations of the same morbid process, and that the etiology in both is the tubercle bacillus.

Pinner feels that all the various forms of sarcoid are essentially the same disease which overlap each other clinically. Boeck, in 1899, was the first to use the term "sarcoid." Typically Boeck's sarcoid included involvement of the skin and mucous membranes, and lymph nodes. Gradually new regions were found involved and given the name of a new disease, such as Jüngling's disease, involving the bones; the uveoparotid fever, involving the uveal tract and parotid gland; and Mikulicz's syndrome, involving the lachrymal and salivary glands. There are many other combinations and forms that have been described and named, which I will not try even to tabulate; for, as Pinner says: "The terminology of Boeck's sarcoid and related lesions is confusingly and unnecessarily involved, particularly regarding the dermatological morphology, and the main difference is one of localization."

Probably the most important evidence that all sarcoids belong in one group is their uniform histology, whose unit is the epithelioid tubercle without caseation. Another factor is that most sarcoids have tuberculin anergy, which means "abnormal inactivity," and in the case of sarcoids it means negative tuberculin skin tests.

PATHOLOGY

The etiology of sarcoid is a controversial subject. Although there are a few men who believe that leprosy, rhinoscleroma, etc., are the cause of sarcoid, the greatest controversy is between those who believe it is due to the tubercle bacillus and those that do not. Pinner lists eight reasons why he thinks it is due to the tubercle bacillus:

1. Kyrle found the tubercle bacillus in the tissue during the first ten days of the lesion, but not afterwards.

2. The histological picture of sarcoid is characteristic of the noncaseating phase of tuberculosis.

3. Cases of sarcoid sometimes develop into classical tuberculosis.

4. Tuberculin anergy, he says, may be due to the skin itself, or to substances in the blood serum which neutralize the skin reactivity to tuberculin tests.

* Read before the Section on Eye, Ear, Nose and Throat of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

5. Serological data (anticutins and procutins).

6. Sarcoid lesions disappear with the development of frank tuberculosis.

7. At the same time sarcoid lesions appear, other lesions may occur that are definitely or probably tuberculosis.

8. There is a close similarity between sarcoid reactions in humans and in certain animal species.

Pinner feels that all the sarcoids should be called noncaseating tuberculosis. The term "noncaseating" tuberculosis should not be understood as a separate type of tuberculosis, but rather as a *phase of tuberculosis;* and while usually chronic or stable, they may transform into a caseating form. Some lesions show minimal caseation; others more advanced. "There is no rigid dividing line between caseating and noncaseating phases; the typical representatives are clear-cut and easily recognizable, but transformation from the noncaseating to the caseating form and the border-line cases occur occasionally. The particular conditions that favor persistence of the noncaseating lesions are insufficiently understood. Failure to react to tuberculin is commonly associated with the noncaseating phases of tuberculosis. Whether this anergy is cause or effect, whether it is dependent on the infecting strain, on the constitutional or on immunological peculiarities of the host, or on the modalities of the apparently intermittent hematogenous dissemination, all these questions must wait for further studies to be solved."

## INCIDENCE

Tuberculosis and sarcoid lesions of the nose are surprisingly rare in this region. I have asked many ear, nose, and throat specialists, as well as men specializing in diseases of the chest and tuberculosis, and I have written to several large sanitaria asking how many cases of tuberculosis of the nose they had had. Other than the three cases I am reporting today, I have found very few proven cases.

Sarcoid lesions of the nose are also rare. As sarcoid is a disease reported mostly by dermatologists, I have asked several of them how many cases they have seen. Their usual answer is that they have seen many cases; but when you limit it down to cases of sarcoid in the nose proven by biopsy, it becomes a rarity. There are at least two cases on the Pacific Coast reported in the literature. One is the case I previously mentioned of Dr. Frank Kistner. That report appears in the *Journal of the American Medical Association* for November 26, 1938.

The other case was reported by Dr. F. G. Novy and Dr. Nelson Keeler of Oakland in CALIFORNIA AND WESTERN MEDICINE for July, 1936. As they were kind enough to let me examine the patient recently, I wish to give a brief progress report on this case. She originally complained of nose-bleeds and nasal discharge. Several months later she had skin nodules. Biopsies were then taken from her nose and from skin nodules which were diagnosed sarcoid. Tuberculin tests were negative. At that time she had no x-ray evidence of bone lesions, but since that report she has developed five different bone lesions. One involves the terminal phalanx of a finger, where the bone is almost completely destroyed and the end of the finger is swollen to double its size. It is reddened and has drained a small amount, but is not very tender.

Following a septum operation she developed a perforation of the hard palate into her left nares at the site of one of these nodules. This has practically closed at present. There is no perforation of the septum. There is still marked crusting in both nares.

Besides the case report given at the beginning of this discussion, I wish to report the following two cases of tuberculosis that we have had at our office:

## REPORT OF CASES

CASE 2.—H. G., a white man of 35, had had an external frontal operation done, at San Quentin, for an acute sinusitis. Following this, he had several flare-ups and fistulae that had been incised, necessitating reopening of the wound. In December, 1927, after a bad flare-up, he was again reoperated. Some tissue was removed from the ethmoid and turbinate region which showed typical tuberculosis. The external wound healed normally, but it was very slow. He went to Arizona later, as he had lung involvement. Two years later he was seen again, and the nose was in very good condition, externally and internally.

* * *

CASE 3.—Miss R., a white woman of 30, had a simple mastoid operation in 1929, and during a normal short convalescence she complained of nasal discharge. Examination showed a small granular mass, the size of a pea, on both sides of the nasal septum about one inch from the anterior tip. Microscopic sections of this tissue showed typical tubercles. No check of tissue was made on the guinea pig. Repeated sputum examinations were negative. X-rays of the chest showed considerable scarring, and calcification in the right lung and hilum as well as the cervical and axillary regions. These x-rays were repeated three years later, and again in April, 1939, and showed no essential change. X-rays of the bones showed no involvement. Tuberculin tests were not done in 1929; but two weeks ago the human and bovine tuberculins were strongly positive and the avian was mildly positive.

I treated the original lesions by removal of tissue for biopsy and cauterization with chemicals for about a year. The nose of the patient improved, but did not heal. She was not seen again until 1934. The nose was the same as before, but there was no extension of the process. Another biopsy again showed tuberculosis. I treated it as I had before, and also gave a long course of ultra-violet light treatment for eight months. It improved but did not heal. She moved from San Francisco and was not seen again until April, 1939. To my surprise, the nasal septum had completely healed, and there was no perforation of the septum, while the mucous membrane was perfectly smooth. However, the anterior tip of the left inferior turbinate looked somewhat granular to me. There was no ulceration, but, because of the previous lesions, I took a biopsy of this tissue. Again I was surprised, as it also showed tuberculosis.

## TREATMENT

There is practically nothing in the literature on treatment. I tried every medication I knew of, including ultra-violet light treatments locally. None of them were effective. However, all three cases that I have treated healed at the site where the biopsy was taken. The two cases on the septum healed without perforation of the septum. Therefore, in the future, if I had a small localized lesion that I was suspicious of, or knew was tuberculosis, I would excise it.

IN CONCLUSION

We all know that there are various infections, such as syphilis, leprosy, glanders, rhinoscleroma, infected foreign bodies, and some forms of malignancy or new growth, that may produce lesions that look like tuberculosis. Also, the microscopic picture of these lesions may look like tuberculosis. These conditions must, of course, be eliminated in any differential diagnosis of a chronic nonhealing lesion of the nose. These other causes have been fully discussed at meetings and in the literature in recent years.

However, as the relationship of sarcoid to tuberculosis has not been discussed at our meetings, I felt that it would be worth while to limit my discussion to this subject. It is my belief that sarcoid is not a separate disease, but should be considered as a phase of tuberculosis.

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## IMMUNITY: CLINICAL AND EXPERIMENTAL OBSERVATIONS*

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IMMUNITY is the topic of conversation by lay people almost as commonly as is the weather. At any bridge or tea will be heard such remarks as, "Johnny is just like his father; he catches everything that comes along. He has had measles three times. Susan never gets anything," etc. Many such popular beliefs, though not all, are supported by clinical observation; but when an attempt is made to measure immunity it remains one of the most intangible problems of science.

A cross section of a sample of the population at any age level should show a considerable variation in different individuals' ability to combat disease. Also a longitudinal study of any one person from birth to death should show a change in his resistance to infection or to any given infection at different times.

Even at birth may be revealed considerable variations in individuals' immune mechanism. At a delivery everyone is aware of the tension with which is awaited the first cry, indicating the establishment of respiration and circulation in the detached infant. The newborn has made a happy landing—so we think. There are, however, other functions than breathing and circulation which must become established, and one of these is the ability to live in an unsterile environment. Occasionally an infant in the nursery, even with normal heart and lungs, develops a breast abscess or pyelitis or even septicemia or meningitis. Frequently the causative organism is the ordinary staphylococcus or B. coli. A good doctor does, and rightly should, look for the source of infection in the environment—faulty technique, contamination of food, infection in an attendant, etc.—but in most instances he looks in vain, for the fault probably is within the baby himself. Some infants undoubtedly are inherently incapable of surviving bacterial invasion. Their bodies behave more like a culture medium than a living organism mobilizing to combat an invader. These babies simply turn sour and die.

If the newborn period is survived uneventfully, differences may manifest themselves later. A few years back a child died in our ward of measles encephalitis. The history of the boy brought out the interesting fact that he had had measles a few years previously. Second attacks of this disease are very unusual, and physicians of long experience will report only its rare occurrence. In this instance there was no reason to doubt the diagnosis because the same doctor had seen the child with both attacks, and in his records of the first was noted the presence of Koplik spots. Furthermore, the child had been vaccinated twice within a period of a few years, with a take each time. This, too, is unusual. He probably was a child with a defective immunizing mechanism. It is surprising he survived to childhood. At any age-level such differences manifest themselves. They should be less apparent later in life because of the toll along the way. Although modern care and precautions will safeguard many to later periods, yet the chances are great that some infection will catch up with them before they have traveled very far into time.

The longitudinal study of the individual is equally fascinating. Whether he has a good or poor resistance, his own reactions to a given infection may change. Thus, during the first few months of life he is immune to measles; this period is followed by increased susceptibility during the next year or two, and then during childhood the disease, if contracted, is not unduly severe. One attack confers immunity. In contrast to this, erysipelas, untreated, has a mortality of nearly 100 per cent in the newborn period. After that children withstand erysipelas well, and only in adult life, particularly old age, again is it a severe disease. It confers no lasting immunity.

To some infections the normal response is permanent immunity. This is true of chicken-pox, smallpox, measles, mumps, scarlet fever, and a number of other diseases. However, permanent immunity to the first infection of even these diseases is only relative. As pointed out earlier, authentic cases of second attacks of measles and chicken-pox are rare, but of whooping cough and scarlet fever are not uncommon. Within the last few years reinfections in poliomyelitis have been reported and ancient manuscripts record second attacks of smallpox. In other types of infection, such as tonsillitis, immunity is established gradually after repeated infections; attacks are frequent in childhood and gradually decrease with age. Other infections may make the individual more instead of less susceptible to repeated exposures. This appears to be the case with erysipelas and influenza. Still other organisms, notably the tubercle bacillus, produce entirely different manifestations in primary and secondary invasions. This latter characteristic has not been studied carefully in other diseases. It is possible that it manifests itself in rheumatic fever, nephritis, and others.

Immunity is not only intangible, it is at times capricious. Occasionally an individual is found

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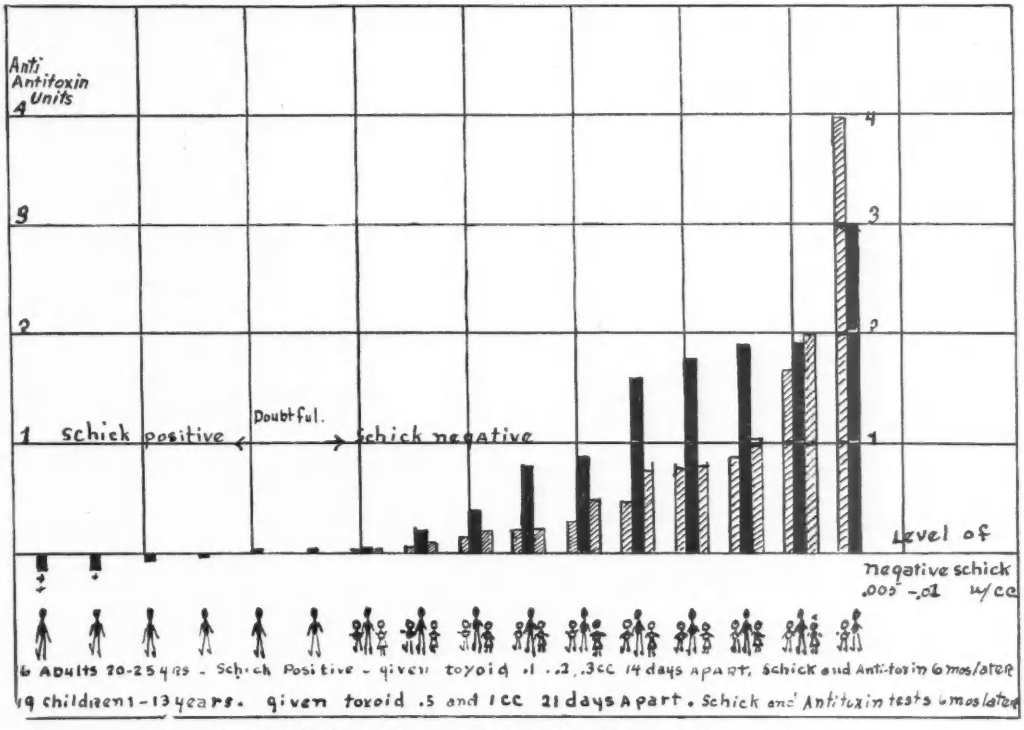


Chart 1.—Variations in serum antitoxin six months after immunization.

whose immune mechanism can best be described as going into reverse. Thus, a young man "hyper-immunized" to the hemolytic streptococcus, when exposed to scarlet fever in the course of his work developed a very bizarre form of the disease. He had pneumonia, thyroiditis, multiple soft tissue abscesses, and jaundice. He appeared to be sensitized to the organism instead of immunized.

At other times a person's immune mechanism appears to be completely paralyzed. As an example, a baby given an overdose of codein by mistake developed a streptococcic meningitis. Direct examination of the spinal fluid looked like a cultural growth; there were practically no white blood cells and the organisms appeared in chains of eight or ten cocci. Other peculiar phenomena occur, such as the sudden invasion of the body with the Staphylococcus aureaus or albus. The portal of entry may be an insignificant scratch or blister. Whether an accident of this type is due to a suppression of immunity or a synergistic action of two or more organisms or some totally unexplained phenomenon is not known.

One of the most sporting studies in science has been the attempt to establish immunity by artificial means. A milk-maid's remark about cow-pox started Jenner on the path which led to immunization against smallpox by vaccination. Toxoid in the prevention of diphtheria, although lacking as romantic a beginning, has an equally fascinating history. These two discoveries remain the brilliant examples of successful artificial immunization. Others are in use with varying degrees of success.

There is probably no bodily function that lends itself so poorly to accurate investigation as immunity. We know, for instance, that the serum of an individual who has recovered from measles has protective substances in it that, if given in certain dosage early after exposure, will protect the recipient against the disease. This property does not lend itself to any accurate measurements.

The only substance which can be studied with any degree of accuracy is the diphtheria antitoxin content of serum. Various methods, all similar, have been used, but the technique perfected by Claus Jensen of the Serum Institute in Copenhagen is the easiest and most accurate and, therefore, has been generally accepted. Dr. Mary Schmeckebier has used, with some modifications, this technique in our laboratory. The shaved and depilated rabrit's back and sides are used for the determinations. A standard toxin, treated with a standard antitoxin in various dilutions, is used as a control on each rabbit. The control is paralleled by the standard toxin in the same amounts treated with various dilutions of the serum of unknown antitoxin content. The neutralization point is readily determined and the units or fraction of unit per cubic centimeter can be computed. Reactions can be read accurately down to 1/2500 of a unit.

With the use of this technique many interesting studies have been made. The absorption curve of antitoxin when administered for diphtheria, as well as the rate of disappearance of it, have been determined by Madsen. Jensen made many studies on antitoxin production and elimination after toxoid injections.

The purpose of this paper, however, is to show that a study of antitoxin in human serum supports for this one content our theory of individual variations.

In Chart 1 the plottings represent two groups, one of nineteen children, one to thirteen years, in whom antitoxin determinations were made six months after two doses of toxoid one-half and one cubic centimeter each, twenty-one days apart, had been given; and one of sixteen medical students, twenty-two to twenty-five years of age. This latter group were Schick-positive originally, then immunized with three doses of toxoid, 0.1, 0.2, and 0.3 cubic centimeter fourteen days apart. The antitoxin determinations and Schick tests were done six months after the immunizations. The children were all Schick-negative, but varied in antitoxin content from 1/25 to 4 units per cubic centimeter. Among the adults were four positive and twelve negative reactors with variations in antitoxin from less than 1/250 to 3 units per cubic centimeter. This latter group, having been chosen on the basis of a positive Schick, were more select than the children not so chosen. The level at which our skin tests were negative was between 1/200 and 1/100 unit. This figure is lower than the original of 1/30 unit per cubic centimeter, but is the level most other recent workers have found for a negative Schick. Some Schick-positive adults are very resistant to immunization, and interesting observations on them have been made, but that study is beyond the scope of this paper.

A longitudinal study of several individuals has been started. Determinations have been made at intervals throughout the past year. When the figures are plotted the curves tend to rise through the winter and spring months.

This rise, however, is not constant, but broken by many fluctuations. The cause of these fluctuations is not known. One reason for making this type of study of individuals was the hope that by repeated tests at short intervals we might be fortunate enough to pick up any sudden change in the amount of neutralizing substances, should such a change occur. There are many popular beliefs and considerable scientific literature on the subject of the effect of endocrines, vitamins, fatigue, illness, etc., on immunity. Even if changes occur, it obviously will be extremely difficult to interpret them without a vast amount of material. The field has unlimited problems for future exploration. Experimental evidence, however, does support the clinical observations that immunity is fluctuating and not static. Variations occur both in a cross section of the population and in a longitudinal study of individuals.

This method of studying immunity is crude. It measures rather roughly the neutralizing properties of serum for diphtheria toxin, but tells us nothing of the character of this substance or substances and nothing of cell immunity. Both the serum and cells are complicated structures which in physics and chemistry can be broken down into molecules, atoms, protons, etc. Each is a system as spacious in its own little self as is the solar system to us. Where in this structure then is immunity? The patient can be bled and the immune properties are restored to the blood; cells are replaced after wear and tear by new ones that possess the same property. And yet, as noted above, immunity, as we know it, may suddenly disappear. To those who like to chase rainbows this intangible and capricious factor of life remains a fascinating subject.

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## IDIOPATHIC ULCERATIVE COLITIS: THE EFFECTIVENESS OF LIVER EXTRACT IN ITS TREATMENT*

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DESPITE an intense interest in idiopathic ulcerative colitis, the etiology of this condition remains unknown. Consequently, the effectiveness of any form of treatment must be judged from clinical observation rather than scientific experimentation. In presenting a new form of treatment it is not only important to give the results obtained by this treatment, but also to review the probable causes of the disease and their theoretical relationship to the mode of therapy applied.

### ETIOLOGY OF COLITIS: CURRENT VIEWS

At present the majority of the investigators studying ulcerative colitis believe it is primarily due to an infection involving the bowel mucosa. Evidence in favor of this has frequently been presented by Bargen of the Mayo Clinic. No specific organism has been agreed upon, and vaccine and serum therapy have been most disappointing. In the past the cause has been vaguely designated as "diminished resistance" of the colon to infection, and recently Felsen [1] has emphasized that a previous attack of bacillary dysentery may make the bowel wall more susceptible to bacterial invasion. Diet and vitamine therapy, based on the lowered resistance hypothesis, have been equally disappointing. That some cases may be due to food allergy is now well recognized; but it is a rare case indeed in which the removal of some type of protein from the diet will produce a cure or even a satisfactory remission. An important and little-understood factor in causing ulcerative colitis is the effect of nervous-system influences on the activity of the colon. Nervous, highstrung patients may develop their attacks coincident with shock, great fatigue or prolonged nervous tension, and may develop remissions on sedative therapy alone. The effects of these four factors on the colon have been schematically presented in Figure 1. It is important to appreciate that one or more of these factors may contribute to the illness of any given patient, and that all of them must be considered in each individual.

### LIVER THERAPY: RELATION TO ETIOLOGIC FACTORS

In what way could any beneficial effect of liver therapy be correlated with these etiologic factors?

* Read before the Section on General Medicine of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

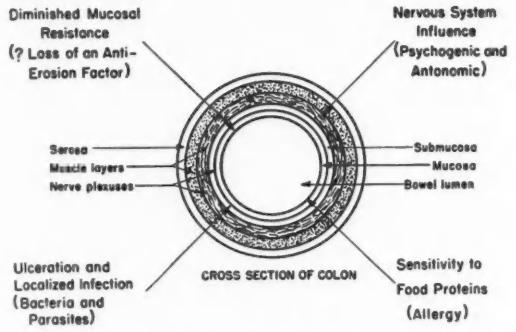


Fig. 1.—Diagram of the factors involved in the causation of ulcerative colitis.

It would not directly combat infection. It might well contain some as yet unidentified factor, possibly connected with the vitamine B complex, which would increase the resistance of the colonic mucosa to ulceration much in the same way that the chick antigizzard erosion factor will prevent or clear up superficial gastric ulcers in chicks.[2] The diminution or absence of such a factor may be the basic cause of the ulceration, and the other factors would then be only contributory. Untoward nervous-system influences on the colon might be alleviated in part at least by the vitamine $B_1$ content of liver, as has already been shown,[3] but thiamin chlorid is not of prime importance in preventing ulceration.[3] There is also some evidence accumulating to show that liver extract may contain some substance, probably vitamine B complex, which has to do with diminishing a patient's sensitivity to foreign proteins. On theoretical grounds, then, at least one might expect that liver therapy would be beneficial in treating idiopathic ulcerative colitis.

## CLINICAL EVIDENCE

What clinical evidence is there that the administration of liver extract is of any value in the management of patients with ulcerative colitis? Up to the present time only a relatively small number of cases have been so treated, and the majority of these have shown very satisfactory improvement. It is the writer's belief that the analysis of a large number of records of patients with ulcerative colitis, for the purpose of establishing the benefits of a certain form of therapy, is of very little value compared to the careful personal observations of a small group of patients over a long period of time. Also there is only one form of the disease which lends itself well to a study of this sort, and that is the patient with chronic diarrhea which has persisted without remission for months or years. In patients with illness of short duration, or of the recurrent form when spontaneous remissions naturally occur, no evaluation of a particular form of treatment can be made without years of observation. In most of the large series of cases of ulcerative colitis which have been reported, detailed case observations have been lacking and the majority of the patients have apparently not been suffering chronically from constant diarrhea.

## AUTHOR'S SERIES

In the writer's series of twenty-one cases treated with injections of liver extract which have already been reported,[3,4] and in four other cases more recently observed over a period of six months or more, it has been possible to follow the majority of them with repeated observations as to the relationship of their therapy not only to their clinical manifestations, but also to their proctoscopic findings. All but three have been definitely benefited, and diarrhea has ceased entirely in twenty patients while maintained on adequate liver therapy. Nine of this group have been chronic sufferers from ulcerative colitis, and all but two have developed satisfactory remissions. It has been possible to stop treatment in this group and have relapses appear, and then resume treatment and have the symptoms clear up again. The improvement in some of these patients is almost as remarkable as that occurring in pernicious anemia treated with liver extract.

## COMMENTS

Only parenteral liver extract has been used in treating these twenty-five cases, and it has usually been given in the concentrated form. Oral therapy is apparently not effective except in very rare instances. Ten to twenty U. S. P. units injected three times a week for the first two weeks, and then twice a week thereafter until a complete remission develops, has usually proved adequate. Maintenance therapy is essential to maintain good health. An injection of 20 U. S. P. units every one to three weeks is usually sufficient, but the necessary dose of liver extract will vary with the individual patient. Signs of improvement, such as diminution of the diarrhea, formed stools, increase in appetite and gain in weight, are usually noticeable by the third week of treatment, but may not be evident before the second month. There is no correlation between the severity of the disease and the time of response. Patients gravely ill may show early improvement, while ambulatory patients in good physical condition may not respond until after many weeks of injections. The only other forms of treatment usually employed besides the injection of liver extract are a high caloric, low residual diet, paregoric symptomatically, and bed rest for the acutely ill patient. Occasionally a vegetable muceloid or kaolin is given to solidify the stools during the early course of treatment. Rectal installations have been avoided.

Patients who do not seem to do well on liver-extract therapy must be carefully scrutinized to detect any factors which are acting as a barrier to their recovery, as concentrated liver-extract therapy alone may be ineffective. These factors are likely to fall into one or more of four categories:

*First:* The diagnosis may be incorrect: if the patient has diarrhea due to amebiasis, a remission is not likely to occur without administering an amebacide.

*Second:* The contributory factors of infection, allergy and nervous system instability already considered, may be of such importance as to nullify any beneficial effect of the liver. Patients with

high fever and leukocytosis and marked prostration who are not benefited by liver injections should be given a trial of neoprontosil, as the element of infection may so dominate the clinical picture that the bowel lesions cannot heal until this is overcome. Serum and vaccines have not proved helpful under these conditions—at least in the writer's experience. The question of food sensitivity is difficult to analyze; it must be given careful consideration in stubborn cases. The removal of a single offending protein food, such as milk, from the diet may make the difference between complete relief and interminable relapse. Probably the most difficult factor to combat is the overexcitable nervous system. Diarrhea as a manifestation of this condition is most troublesome to control, whether the bowel wall is ulcerated or not. Large doses of thiamin chlorid may be beneficial. Sedatives are often helpful. Failures with liver therapy are most likely to be in this group.

*Third:* The extent of the destructive process in the bowel wall must be considered. If the colon has become a narrowed, immobile tube, any improvement occurring will be slow and incomplete. The stools are likely to remain frequent in occurrence and unformed as the normal peristaltic and dehydration functions of the large bowel are lost. Patients with such damage to their colons cannot be expected to make a complete recovery on liver therapy, although the forward march of the pathologic process may be halted.

*Fourth:* The choice of liver extract may have an important bearing on the outcome of treatment. Up to the present time highly concentrated liver extract has been used. However, "highly concentrated" applies only to the anti-anemic substance, fraction G, and in liver extract so concentrated practically all of vitamine $B_1$ and $B_2$ are eliminated. It is not only probable that any substance effective in the treatment of ulcerative colitis may also be lost in the concentration process, but the administration of an unconcentrated liver solution parenterally to four cases recently indicates that it may be more effective than the concentrate. It was given intramuscularly in a dose of five cubic centimeters two or three times a week, representing only 5 U. S. P. units (anti-anemic) per dose.*

### IN CONCLUSION

The effectiveness of liver extract in the treatment of idiopathic ulcerative colitis may best be summarized by stating that it is evidently beneficial in the majority of cases; in a few the results are truly brilliant, and in a few no definite benefit is obtained. In introducing a new form of therapy for any disease as uncontrollable as ulcerative colitis, overenthusiasm must be avoided, and failures, rather than condemning the treatment as a whole, must be extensively studied to ascertain the cause if possible. The probable reasons for such failures have been pointed out. As more cases are treated and our knowledge of this treatment is increased, not only may the results be improved, but the indications for success or failure may be more clearly defined. When liver therapy was first shown to be effective in treating pernicious anemia, it was thought that all macrocytic hyperchromic anemias should respond. Gradually, over a period of years, it has been shown that many do not, because the mechanism of their production differs from that of pernicious anemia. In a like manner the future may show us that what we now call ulcerative colitis of unknown etiology represents different groups of cases varying in their basic etiology, and consequently in their response to liver therapy. At present all cases of idiopathic ulcerative colitis should be given a thorough, prolonged trial of parenteral liver treatment.

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* Horse liver extract may be more effective than beef liver extract.

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## EPIDERMOPHYTOSIS OF THE HANDS AND FEET: ITS TREATMENT*

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THIS much-discussed subject is interesting because the disease is so very prevalent and its various manifestations tax one's therapeutic resourcefulness more than most any other dermatological problem. The fact that there are recommended literally hundreds of remedies does not necessarily mean that none of them are effective, but rather is due to variations in the reactions of individuals to the infection and to the therapy applied. No attempt will be made here to cover all of the various methods of treatment, for it is hoped that this will be done by the discussants. One must be prepared to quickly modify the treatment to meet changing conditions. In my experience the results are much more satisfactory if the patient is seen often. During a week's absence from the office an application which helps at first may rapidly become irritating on account of some change in the host—due to foods, fatigue, or something else.

### FACTORS TO BE CONSIDERED IN TREATMENT

First, one must consider the patient's general health, habits, and environment. Naturally a warm, moist skin that is not kept clean offers excellent soil for the growth of fungi. Where the sweat is more concentrated it has some fungicidal action, but where it is very dilute, as a result of excessive perspiration, this is absent. I have seen a long-standing fungus infection of one foot in a patient with acrodermatitis chronica atrophicans clear up

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shortly after a nerve-blocking injection had stopped excessive sweating in that extremity.

We all have observed the bad effects on this disease of a high carbohydrate diet and the abuse of alcohol. Trichophytin and polyvalent "vaccine" injections have not been successful in my experience. Nor has the internal administration of iodin.

### LOCAL TREATMENT

The local treatment naturally will vary with the case and must be modified from time to time to meet changing conditions. In the very acute phase, where there is much inflammation, swelling, and lymphadenitis, complete rest and continuous compresses with liquor aluminum acetate, boric acid, or Epsom salt solutions are indicated. Frequently more relief is had when these solutions are cold. Permanganate soaks are useful at all stages, and even in the acute inflammatory phases soaking in dilute solutions (1-2,000, to 10,000) for half an hour, twice daily, will help, at the same time continuing the compresses between soakings. As soon as the inflammation and edema subside, various procedures are available. The application of a 10 to 20 per cent mixture of tannoform in talcum and zinc oxid will often further allay irritation and inhibit secretions. At this time, sponging with a 5 to 10 per cent solution of citric acid, or with plain vinegar, following the soakings, will not only inhibit fungus growth, but will remove some of the permanganate stain. Before using the tannoform powder, one may try a powder containing 2 per cent menthol and 5 per cent salicylic acid in boric acid, zinc oxid, and starch. Frequently this will be effective in its fungicidal action and in relieving pruritus. During all the stages the permanganate soaks are continued, unless the skin becomes too dry. Also the vinegar or citric acid may be continued. For denuded or whitish, sodden areas between the toes, I often use the Castellani or Berwick's dyes. When the process becomes less active, the use of salves may be attempted, starting with 8 per cent salicylic acid, and 10 per cent sulphur in zinc paste. Individual vesicles may be opened and the small cavities painted with the Castellani's dye or a one per cent solution of iodin in alcohol. At times Berwick's dye, containing one-half per cent iodin, is useful in this manner.

I rarely use the salicylic benzoic acid (Whitfield's) salve, much preferring the salicylic-sulphur combination. In the later subacute or sluggish stages, I use the various tars in ointments, preferring cadeberry or crude coal-tar.

For a quickly stimulating, infiltration-dissipating, and antipruritic effect, I often use, instead of the tar, a butane gas freezing spray. The antipruritic action is definite and may last for several hours.

It is only in very occasional, stubborn cases that I find roentgen therapy desirable. I have seen too many examples of roentgen atrophy and depigmentation in cases that have gone the rounds of physicians, never giving any one of them a fair chance. It is these wandering patients who often get into trouble, and whose dermatophytosis is unduly prolonged.

### COMMENT

It is interesting to observe the prompt benefit that follows the use of lemon juice or citric acid solutions, or vinegar. For the prophylactic and after-treatment, these acid preparations are quite valuable. The fact that the most useful local remedies are acid is of interest in connection with the well-known and valuable work of Peck.[1] He devised a successful method of treating the disease locally with mixtures of ingredients of sweat (lactic acid, propionic acid, butyric acid, and ascorbic acid). Ormsby and others, for years, have recommended acetic acid solutions. For several years I have used vinegar as a wash in all of my cases. Last year Dr. John C. Belisario of Sydney told me of his lemon-juice "cure." He rubs the cut surface of a lemon into the areas several times daily. Last summer, while en route to Honolulu, I had an acute vesicular attack on one foot and one hand, and used lemon vigorously several times daily. The condition cleared up inside of two weeks. A Stanford medical student who had had vesicular dermatophytosis of the palms for two years cleared up completely within two weeks with frequent use of lemon juice. In the later stages, and after apparent recovery, 5 per cent citric acid in a salve is valuable. I find that, for several weeks after recovery, it is necessary to continue the frequent application of some grease.

These remarks are based on rather extensive personal experience, and it is hoped that, in the discussion to follow, many more ideas will be presented, for it is usually the general discussion that makes a paper worth while.

490 Post Street.

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## HYPEREMESIS GRAVIDARUM*†

*By* ABRAHAM BERNSTEIN, M. D.
*San Francisco*

OF late, great interest has been evidenced in the etiology and treatment of hyperemesis gravidarum; and in reviewing the literature pertaining to this subject, we have been directed to the part played by hormones and vitamins.

Varied and sundried treatments and theories of etiology have been attributed to either hormones or vitamins, or both. Of particular concern in this field have appeared the value and significance of suprarenal cortex and vitamin therapy, especially vitamin $B_1$.

The underlying thought in using vitamin $B_1$ is that it aids in oxidizing the accumulation of lactic and pyruvic acids, which accumulate in the smooth

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† A clinical study of 120 cases treated with vitamin $B_1$ and suprarenal cortex.

muscular tissues. This, in turn, assists in the carbohydrate metabolism.

Many investigators have drawn the conclusion that vitamin $B_1$ has a definite effect on carbohydrate metabolism. R. A. Peters[1] and the rest of his group have definitely shown this.

Mendel and Osborne[2] point out the effect of $B_1$ in overcoming loss of appetite through $B_1$ avitaminosis. Some of the experimenters believe that anorexia is in part due to a relaxed state of the gastro-intestinal musculature, and to suppression of the digestive secretions (gastric and pancreatic).

McCarrison[3] produced atony of the bowel and degeneration of the mucous membrane of the colon in monkeys by feeding diets lacking in $B_1$, but high in carbohydrate content. This might reasonably lead one to believe that $B_1$ is a vital factor in bringing about the utilization of the carbohydrates, as well as in noting its effect on the gastro-intestinal tract in general.

As regards the fate of vitamin $B_1$ in the body, it is to be observed that it is not stored, but that the body is dependent for its supply on the food intake. It is not how much one eats, but how much one is able to assimilate, that counts. $B_1$ is excreted in the urine and feces, and can be isolated from both. Weiss[4], Strauss[11], and Wilkins[4] have pointed out that massive dosages (by massive dosages, they write of a dosage of 15,000 international units, given daily for fourteen days by the intravenous method of administration), should be used at the onset in adult patients.

### THE SUPRARENAL CORTEX IN PREGNANCY

The suprarenal cortex is greatly increased in size during pregnancy, indicating that the cortical hormones are much more needed during that period than at other times. This increase in size and function is slow in developing, and this temporary deficiency of the cortex seems to be the cause of the nausea and vomiting (hyperemesis gravidarum) of early pregnancy, which usually appears during the fifth week. When the cortex fails to meet this increased demand upon it, death may supervene as a result of the hyperemesis gravidarum; and at autopsy suprarenal glands have been found to be greatly atrophied. Conversely, the hyperemesis has been prevented, and the nausea and vomiting of early pregnancy relieved or cured, by the administration of cortical extract.

The exact function of the cortical secretion in pregnancy is unknown, but it appears to be concerned with the production of blood cholesterol and the increased fat content of the blood as seen in pregnancy. It also neutralizes toxins arising from body metabolism or from extraneous sources. It is, besides, thought that the suprarenal cortex counteracts the increased secretion of the pituitary ketogenic hormone, thereby controlling fat metabolism.

N. W. Kemp,[5,6,7] of Vancouver, B. C., was the first to advocate the use of suprarenal cortex therapy in the treatment of vomiting due to pregnancy. In a report of two hundred cases of hyperemesis gravidarum treated with suprarenal cortex preparations, he obtained undoubted success in 85 per cent of the cases.

In 1935, Freeman and Melick[8] announced the cure of a case of pernicious vomiting due to pregnancy, by the administration of suprarenal cortex.

In 1937, Freeman, Melick and McClusky[9] of Worcester, Massachusetts, reported 79 consecutive cases of nausea and vomiting due to pregnancy, but cured by suprarenal cortex preparations. Also, there, suprarenal cortex therapy was resorted to only after other accepted treatments had failed to give relief.

Forty-seven of these patients, with less severe nausea and vomiting, were treated orally, being given 3 grains three times daily.

Only two of the patients, or 4.3 per cent, failed to receive any benefit from the treatment. Fifteen patients who had severe nausea and vomiting, and sixteen patients who were classed as having pernicious vomiting, were first treated by injecting 1 c.c. three times daily for three days after the disappearance of all signs of vomiting, when the injections were replaced by oral administration. All members of the two latter groups were completely relieved of their symptoms in from three to five days, while most of them were markedly relieved within the first 24 hours.

### AUTHOR'S GROUPS

In our series of 120 patients we used both the suprarenal cortex and vitamin $B_1$ therapy. We divided our series into three groups. The first group included those patients who vomited and were nauseated occasionally and infrequently. This group was classified as the "reflex vomiter."

In our second group the patients were nauseated and vomiting regularly, but not severely. In this group the patients were ambulatory and were themselves able to administer the medicine that was prescribed for them. We termed this group the mild type of nausea and vomiting.

In addition to the above groups we have the third type, which included the serious continuous vomiters, and which were classified as pernicious or toxemic type of vomiting. This group of patients had to be hospitalized or treated in bed at home with special nurses.

Table 1 shows the classification and number of patients we had in each group, and also their parity:

TABLE 1.—*Classification*

| Parity | Reflex Vomiters | Mild Nausea and Vomiting | Pernicious or Toxemic Vomiting |
|---|---|---|---|
| Primipara | 5 | 65 | 10 |
| Multipara | 3 | 34 | 3 |

Williams[10] states that the mild type of nausea and vomiting is the most frequent type, while pernicious vomiting is the most serious.

### AUTHOR'S CLASSIFICATION AND RESULTS

Patients were classified as reflex vomiters when they responded to almost anything suggested. In the eight cases of so-called reflex vomiting, we had three patients with retroverted uteri. Lifting up the uterus with a tampon stopped the nausea and vomiting.

In the treatment of this group the hormone and vitamin therapy was only resorted to after the ordi-

narily-accepted remedies—such as alkalies, dry diet, sedatives in large amounts, hypodermoclysis, and the like—failed to give relief.

In ninety-nine cases (classified as our mild nausea and vomiting), suprarenal cortex tablets, grains three, and vitamin $B_1$ tablets, 1,000 units, were administered orally. Patients were instructed to take one tablet of each preparation three times a day, one-half hour before eating. If at the end of ten days, patients showed no improvement, they were instructed to come to the office daily for intramuscular injections of 1 c.c. of suprarenal cortex and 1,000 units of $B_1$.

The following tables show results obtained with the above therapy:

TABLE 2.—*Type of Therapy Received in Group of Mild Nausea and Vomiting*

| 99 Cases | | |
|---|---|---|
| Parity | Oral Therapy Given | Intramuscular Therapy |
| Primipara | 48 cases | 4 cases |
| Multipara | 42 cases | 5 cases |

TABLE 3.—*Results Obtained*

| | |
|---|---|
| Number of suprarenal cortex injections. | Average, five intramuscular injections. Patients all improved. |
| Number of vitamin $B_1$ injections. | Average, four intramuscular injections. Patients improved. |
| Oral therapy. | All patients in this group showed marked improvement in eight days. |

Thus we see that the above ninety-nine patients responded very well to hormone and vitamin $B_1$ therapy.

## COMMENT

We did not see many cases of pernicious vomiting. Our group of thirteen patients was necessarily small. Half of this group belonged to other doctors, and they were kind to allow me to use the above therapy. Out of this group of thirteen, two patients failed to respond. However, we were able to carry both of these patients to term by treating them continuously and keeping them at home. Both of these patients vomited daily, but not as frequently as before therapy was instituted. One gained eight pounds for her entire period of pregnancy, while the other gained eleven, showing that they definitely were under control—assuming that weight increase indicated the well-being of the patient.

In the thirteen cases of pernicious vomiting it was necessary to administer vitamin $B_1$ intravenously in very large doses.

Five patients responded to 3,000 units daily of vitamin $B_1$ intravenously and five injections of 1 c.c. each of suprarenal cortex intramuscularly, over a period of five days, with subsidence of symptoms.

In seven patients it was necessary to increase dosages to as high as 9,000 units of vitamin $B_1$ and ten injections of 1 c.c. each of suprarenal cortex before symptoms subsided; these being administered over a period of ten days before results were obtained.

In two patients, symptoms persisted despite the following treatment: Each of these cases was treated at first with 9,000 units of vitamin $B_1$ intravenously and 2 c.c. of suprarenal cortex intramuscularly over a period of eight days. Following this the dosage was increased to 12,000 units of vitamin $B_1$ intravenously and 2 c.c. of suprarenal cortex intramuscularly over a period of six days. After this course of therapy there was an apparent decrease in the severeness of the vomiting, as evidenced by the fact that the patients were able to retain some of their food.

Although our series of cases was small, it is to be noted that no toxic manifestations were obtained at any time with the above outlined courses of therapy.

The usual technique of intravenous therapy was observed, solutions being administered at the rate of 1 c.c. per minute. Each cubic centimeter of vitamin $B_1$ used contained 10 mg. of Bethiamin, which was equivalent to 3,000 international units.

As soon as response to intravenous therapy was noted, oral administration of vitamin $B_1$ and suprarenal cortex was instituted. This consisted of vitamin $B_1$ tablets containing 1,000 units each, three times a day in conjunction with three grains suprarenal cortex tablets.

## IN CONCLUSION

In conclusion we may state that from our study of 120 cases of nausea and vomiting in pregnancy, we have noted definite beneficial results with our method of therapy. But it must be realized that our series is small, wherefore further studies are being continued.

## SUMMARY

1. One hundred and twenty cases of nausea and vomiting studied.

2. Ninety cases treated by oral therapy of vitamin $B_1$ tablets, 1,000 units each, and three grains suprarenal cortex tablets, three times a day—after all other forms of therapy had failed.

3. Nine cases of mild nausea and vomiting needed five intramuscular injections in addition to oral therapy.

4. In thirteen cases of pernicious vomiting, eleven patients responded and two showed definite improvement.

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## RUPTURED MEMBRANES PRIOR TO THE ONSET OF LABOR*

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PROGRESS in modern obstetrics has produced many innovations, not all of which, unfortunately, have added to the safety of the patient and her baby.

Much discussed and practiced in late years has been artificial rupture of the membranes. It has been demonstrated fairly conclusively that once labor has been established following rupture of the membranes, its course is usually shorter than the generally accepted limits of normal labor. Not infrequently labor may be prolonged, or may never become effective; and operative intervention becomes necessary. Operative procedures are considered more hazardous when the membranes have been ruptured for long periods of time, and it is with such instances that this paper is primarily concerned.

### RAMSBOTHAM'S VIEWS

Lest we consider our problems in this field of obstetrics as having arisen only in recent years, the following quotation is presented:

> It has of late become very much the practice to evacuate the liquor amnii in all cases where the uterus is acting feebly; and some instances have come under my own observation, in which not only has this act disappointed the intention of the operator, but been followed, after the lapse of some time, by such symptoms as required that the labor should be terminated instrumentally. I do not mean to assert that a protracted case is always a necessary consequence of such interference; for in many instances where the os uteri is perfectly dilatable, where it has acquired a diameter the size of a crown, and especially where there is an excessive quantity of liquor amnii present, the evacuation of the water—by causing the head to bear more decidedly on the os uteri—will increase the vigour of the contractions, and will bring about a more speedy termination. But I allude to it as a generally adopted principle; and cannot but consider that such an interruption of nature's ordinances requires in practise the greatest possible judgment and discrimination.

The foregoing paragraph was printed in Ramsbotham's "Process of Parturition," published in 1845. From this it would seem that, instead of being a problem brought before obstetricians in the last quarter century, the sanctity of the membranes was being definitely questioned nearly one hundred years ago.

A large percentage of women ask for and expect relief of pain during labor. This is an understandable desire, and the obstetrician is undoubtedly justified in most of his attempts to make his patients comfortable, in addition to promoting more rapid progress in labor by the attendant relaxation obtained with the use of analgesia.

### DRY LABORS

In some cases following the spontaneous or artificial rupture of the membranes, effective labor may not be established for some time. The attending physician's uneasiness increases with the passage of the nonproductive hours. In attempts to hasten the onset of labor, various oxytocic drugs and procedures are used, with varying degrees of success. As a result of these drugs, painful contractions may begin, analgesia is started, and often the contractions stop. More stimulation is employed, and these procedures may be repeated many times.

Dry labor has by no means been neglected by modern investigators. Schulze, in 1929, presented a review of 6,500 cases at the University of California Hospital, and found that dry labor occurred in approximately 10 per cent of the cases. Some of her conclusions were as follows:

1. Labor begins in twenty-four hours or less in 90 per cent of cases (following rupture of the membranes); of those delaying longer, two-thirds are premature. The longest delay was nineteen days.

2. Castor oil and quinin were successful in inducing labor in over 90 per cent of the cases in which they were used.

3. The average length of the first stage of labor was considerably shorter than that usually accepted for normal in both multiparae and primiparae.

4. Labors prolonged over twenty-four hours were less frequent than reported in unselected series. Dry labors which were prolonged, and also the cases developing dystocia requiring serious operative intervention, showed other abnormalities, as malpresentation, contracted pelves, overlarge children, etc., in a high percentage of cases.

### ON RUPTURED MEMBRANES AT THE ONSET OF LABOR

Krahulik, in 1934, presented a paper on ruptured membranes at the onset of labor. In this paper an attempt was made to curb the rising enthusiasm for the induction of labor by the rupture of the membranes. Some of his conclusions are as follows:

1. Rupture of the bag of waters is an effective way of inducing labor.

2. When castor oil was necessary to initiate labor after the membranes had been ruptured, the labors were shorter when it was given after ten or twelve hours.

3. Intranasal pituitary extract to initiate labor is not very efficient unless rupture of the membranes is preceded by preliminary castor oil.

4. Labor is more easily initiated when the expected date has been reached.

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TABLE 1.—*Percentages for Clinic and Private Patients*

| *Delivery* | *Clinic* | *Private* | *Total* |
|---|---|---|---|
| Spontaneous | 24—54.5% | 16—26.7% | 40 |
| Elective low forceps | 5—11.4% | 14—23.3% | 19 |
| | 29—65.9% | 30—50.0% | |
| Low forceps | 8 | 8 | 16 |
| Mid-forceps | 1 | 6 | 7 |
| Cesarean sections | 1— 2.7% | 12—20% | 13 |
| *Abnormal presentation* | | | |
| Breech | 2 | 4 | 6 |
| Twins | 1 | 2 | 3 |
| Transverse presentation | 1 | 0 | 1 |
| | 4— 9.1% | 6—10% | |
| *Contractions stimulated* | 4— 9% | 10—17% | |
| Spontaneous | 2—50% | 4—40% | |
| Operative | 2 | 6 | |

It is only natural that one be most impressed by those obstetrical cases which result tragically, or which cause the most concern and effort; and in judging the importance of rupturing the membranes, one is influenced greatly by the difficulties experienced following such a procedure.

## CLINICAL MATERIAL FOR THE STUDY

This paper has been prepared in an effort to arrive at some definite conclusions in regard to the spontaneous rupture of the membranes prior to the onset of labor.

So that a more general cross-section of obstetrical work might be obtained, material was gathered both from a private hospital and the Los Angeles General Hospital.

For several months records were kept of those patients entering a private hospital and the Los Angeles General Hospital, in whom the bag of waters had ruptured prior to the onset of contractions.

Sixty cases were obtained from 556 deliveries at the private hospital, an incidence of 11 per cent. Only forty-four were obtained from 1,773 deliveries at the General Hospital, the small number undoubtedly being due to lack of proper records because of a frequently changing birthroom personnel.

In both series, the multiparae and primiparae each formed nearly 50 per cent of the cases, 7.0 per cent of the General Hospital cases, and 6.6 per cent of the private series being premature.

The latent period, that time elapsing between rupture of the membranes and the onset of contractions, varied from one-fourth to forty hours in the clinic cases, and from one-fourth to forty-eight hours in the private cases.

The data given in Table 1, although too meager to prove anything conclusively, would tend to show that the incidence of various factors connected with premature rupture of the membranes differs very little in clinic and private patients.

Some 47 per cent of these patients were in labor within five hours after rupture of the bag of waters.

In an attempt to further learn what happened to those patients in whom the latent period was more prolonged, another series of cases was studied. Some of these cases were also in the first presented series.

For a period of nineteen months, all the patients entering a private hospital were noted in whom the bag of waters had ruptured six hours or more before the onset of contractions. A similar but much shorter series was obtained from the Los Angeles General Hospital. Fifty-four such cases were obtained from the private hospital, an incidence of 3.4 per cent, and thirty-one cases were obtained from the clinic service, an incidence of 3.1 per cent.

The data obtained are summarized in Tables 2, 3, 4, and 5.

## COMMENT

As may be noted from the data appearing in the tables, there is very little difference in the results

TABLE 2.—*Private and Public Hospital Series*

| *Latent Period* | *Private* | *Clinic* |
|---|---|---|
| 6– 9 hours | 10 | 2 |
| 9– 12 hours | 7 | 5 |
| 12– 15 hours | 8 | 4 |
| 15– 18 hours | 8 | 5 |
| 18– 21 hours | 2 | .. |
| 21– 24 hours | 0 | 5 |
| | 35 or 65% | 21 or 84% |
| 24– 27 hours | 5 | 2 |
| 27– 30 hours | 4 | 1 |
| 30– 33 hours | 1 | 1 |
| 36– 39 hours | 1 | 3 |
| 39– 42 hours | .. | 1 |
| 42– 45 hours | 1 | .. |
| 48– 51 hours | 3 | .. |
| 51–336 hours (14 days) | 4 | 2 |
| | 54 | 31 |

TABLE 3

| (Latent Period Six Hours or More) | Clinic Patients | | Private Hospital Patients | |
|---|---|---|---|---|
| | Stimulated | Nonstimulated | Stimulated | Nonstimulated |
| Total cases | 5 | 26 | 21 | 33 |
| Average latent period | 28¾ hours | 21 hours | 19¼ hours | 24½ hours |
| Average first stage | 2½ hours | 10 hours | 9 hours 50 min. | 10 hours |

obtained in those instances where labor was stimulated and where it was not. This might seem to indicate that when the patient is ready to go into labor the uterus will begin to contract, regardless of the administration of oxytocic drugs.

In a high percentage of the cases studied, the presenting part was not engaged, frequently being at a minus three or four station, and with little cervical dilatation. Often the cervix is found to be eccentrically placed. Despite the apparent absence of uterine contractions during the latent period, examination when uterine contractions start will show the cervix thinned out, more anterior and nearer the mid-line, and starting to dilate. There is a preparatory stage, which, if not completed before rupture of the membranes, must in many instances be completed before contractions begin. Stimulants of various forms many times prove ineffective when given too early in the preparatory stage, or may start inefficient contractions which soon stop, especially if analgesia is administered before they are well established. As pointed out by Krahulik, stimulation was more effective when delayed twelve hours or more after rupture of the membranes.

The most commonly used medication was castor oil. This was frequently combined with quinin, either in single or repeated doses. Occasionally this medication was combined with pituitary extract, either intranasally or in small doses hypodermically. Lately, quinin-calcium has been used, but its effects in some instances have proved so startling as to necessitate great care in its use.

### DIFFICULTIES IN PROGNOSIS

It is difficult to foresee with accuracy the outcome of any obstetrical case. In many instances a patient presents herself with ruptured membranes, the presenting part not engaged, the cervix is thick and dilated not more than one centimeter. Soon contractions start, the cervix thins out, and dilatation and labor proceed rapidly without incident. At intervals, however, more favorable-appearing cases will go many hours without contractions. Finally they begin, and labor progresses very slowly. The head may not descend below a zero station. The cervix dilates to 7 or 8 centimeters and progress ceases. It is generally considered too late to do a cesarean section, so Dûhrssen's incisions are made and a difficult mid- or high-forceps results. Everyone who has had any reasonable obstetrical experience will remember such a case. The immediate obstetrical difficulties do not complete the picture. One must also consider maternal morbidity, invalidism, fetal injuries, and even death.

### ON CONSERVATISM IN OBSTETRICS

"Conservative" is a term frequently used in obstetrics. Various obstetricians are recognized as radical or conservative, too often from the number of cesarean sections performed. All too frequently a doctor is called conservative when, after allowing a patient to labor sixty hours, with membranes ruptured fifteen or twenty hours longer, he is able, with the aid of manual dilatation or scissors, a pair of forceps, strong shoulders, and a nonyielding table foot-rest, to deliver a baby through the woman's normal channel of childbirth. Regardless of the baby's macerated features, not to mention brain hemorrhage and paralyses, the patient did not require a cesarean section because a conservative doctor was at the helm. In contrast is the often-termed radical obstetrician, who, in evaluating the conditions present, believes abdominal delivery will offer a safer outcome for both mother and baby and, therefore, does a cesarean section before there has been a true test of labor.

One dictionary definition of "conservative" is, "having the power or tendency to preserve in safe or entire state." This definition may well apply to

TABLE 4

| Delivery | Clinic Patients | | Private Hospital Patients | |
|---|---|---|---|---|
| | Stimulated | Nonstimulated | Stimulated | Nonstimulated |
| Spontaneous<br>Elective low forceps | 3<br>} 60% | 16<br>5 } 80% | 5<br>9 } 67% | 7<br>14 } 64% |
| Low forceps | 1 | 3 | 2 | 3 |
| Mid-forceps | 0 | 1 | 1 | 4 |
| Cesarean | 0 | 1 | 3 | 3 |
| Breech | 1 | 0 | 1 | 1 |
| Int. pod. ver. and extrac. | 0 | 0 | 0 | 1 |

TABLE 5

| | *Clinic Patients* | | *Private Hospital Patients* | |
|---|---|---|---|---|
| *Maternal morbidity* | 0 | 4 | 3 | 3 |
| *Maternal mortality* | 0 | 0 | 1 | 0 |
| *Fetal mortality* | 0 | 0 | 1 | 0 |

(Maternal mortality—an acute flare-up of a subacute bacterial endocarditis.)

the truly conservative doctor. Many times, persistence in doing a difficult vaginal delivery is much less likely to "preserve in a safe or entire state" than would a cesarean section.

It is frequently the fear of complications that may arise after it is too late to do a cesarean section that rushes the attending physician into premature efforts to stimulate contractions after the membranes have ruptured.

It is true that labor, when once established, usually progresses fairly rapidly following rupture of the membranes. It is true that needless cesarean sections are done for apparent complications that might have been corrected if the patient had been allowed to go into actual labor.

It is also true, however, that certain patients, allowed to wait following rupture of the membranes, develop complications in labor after the safe period for operation has passed, thereby jeopardizing mother and baby.

## CESAREAN SECTIONS

Various techniques for extraperitoneal cesarean sections have been devised, the best probably being the Latzko. There are also different forms of peritoneal exclusion operations. None of these techniques is very widely used on the Pacific Coast.

The Porro cesarean is used in infected cases at times when abdominal delivery is considered necessary. Unfortunately for the patient, however, this prevents future pregnancies which may be tragic if the first baby is lost. In competent hands, one of the above-mentioned types of operation would seem to offer a much safer course when conditions are such as to make vaginal delivery hazardous, and when the conditions for low cervical cesarean are poor.

For those of us who are not competent to perform such an operation or who do not believe in such procedures, it is necessary to decide early in labor, and before the safe period has passed, whether or not a cesarean section is advisable.

Occasionally one may question the history of ruptured membranes. A modification of the test presented by Berlund of Brooklyn in the December, 1932, issue of the *American Journal of Obstetrics and Gynecology,* is used routinely at the Los Angeles General Hospital.

Cotton applicators are dipped in a 0.2 per cent solution of dibrom-thymol-sulphone-phthalein crystals in absolute alcohol. In an acid medium the indicator remains an orange color. Any change to a blue or green color, indicates ruptured membranes. An applicator may be inserted into the vagina with no other preparation than spreading the labia. Contamination with water or lysol will also cause a green color.

In a series of over one hundred cases, slightly more than 90 per cent of the results proved correct, including cases with ruptured and nonruptured membranes.

## CONCLUSIONS

1. Obstetrical cases from a clinic and private service in which the membranes had ruptured prior to the onset of contractions were studied.
2. Although the general results are comparable, there are more attempts to stimulate contractions and more operative intervention in the cases from a private hospital than on the clinic service.
3. Each patient at term, with ruptured membranes and not in labor, should be considered as a potential source of danger.
4. Such patients should be carefully examined with regard to size and type of pelvis; size of baby; station of the presenting part; consistency, dilatation and effacement of the cervix.
5. Stimulation of contractions should be delayed until the preparatory stage is well advanced.
6. Analgesia should be withheld until contractions are well established and regular.
7. With the latent period prolonged, and borderline conditions present, operative intervention must be considered while still in the "safe period."
8. More watchful waiting may be employed if the attending physician is skilled in some form of extraperitoneal or peritoneal exclusion operation.

825 South Alvarado Street.

*X-Ray May Help Prevent Peritonitis.*—Indications that high voltage deep x-ray treatment, given from four to six weeks before operation, may be valuable in preventing peritonitis following operation have been found by W. A. Altemeier, M. D., and H. C. Jones, M. D., Detroit, in a series of investigations which they report in *The Journal of the American Medical Association.*

Peritonitis, an inflammation of the membrane lining the abdominal wall, frequently is fatal. The two Detroit men were led to conduct their investigations by the report of a surgeon which showed no peritonitis following operation for removal of the lower part of the intestines of fifty-one patients suffering from cancer.

Their observations in animals showed that the maximal degree of immunity to peritonitis occurred from four to six weeks after x-ray treatment, a period which corresponded with that in the cancer patients. They were unable, however, to determine the manner in which this protective action was brought about.

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The first sure symptoms of a mind in health are rest of heart and pleasure found at home.—Young.

# CLINICAL NOTES AND CASE REPORTS

## REACTION TO EUCUPIN

*By* ANTON S. YUSKIS, M. D.
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ERUPTIONS caused by the use of drugs are numerous and varied. A search through the literature fails to reveal a report of a reaction following the use of eucupin or isoamylhydrocuprein. The purpose of this report is to record such an observation.

### REPORT OF CASE

A white female, seventy-six years old, was receiving treatment for a varicose ulcer on her left leg. The ulcer was fairly large, dirty and surrounded by an area of induration, edema and dusky discoloration. It was badly infected. During the course of her treatment, urea was used in its various preparations; the use of urea in such infections was recently described by Holder and MacKay.[1] Because of the discomfort so produced, a special preparation was used which contained eucupin in addition to the urea. This type of treatment proved to be very effective in removing all of the infected necrotic tissue. After seven to ten days of continuous treatment with urea and eucupin, the patient developed a cutaneous eruption, which was characterized by purplish-red papules and nodules, in patches, almost symmetrical, on the dorsum of the hands and feet, the legs and forearms, and on the face and neck. There was slight swelling of the affected areas, except the ears, eyelids, lips and neck, where the tumefaction was very marked. The itching was very severe and the patient was very uncomfortable. The temperature on several occasions reached 100.2 degrees Fahrenheit, but only the significant laboratory data will be mentioned. The white blood cells were 9,800, of which 73 per cent were neutrophils, 15 per cent lymphocytes, and 12 per cent eosinophils. The reaction cleared up after eleven days of symptomatic treatment, and the discontinuation of urea and eucupin.

Three weeks later a cutaneous scratch test was done with urea and eucupin separately. A negative reaction occurred with urea, but a positive one with eucupin. Headache occurred within a few minutes after the skin tests, but no connection was made as to its significance.

### COMMENT

Dawson and Garbade[2] observed that headache was the earliest symptom, and long before any of the objective cutaneous lesions in quinin idiosyncrasy. A search of the literature on quinin idiosyncrasy appears to show that most of the cases reported are of the acquired type. My patient was not tested for quinin sensitivity, but had taken quinin many years ago for a malarial infection.

Eucupin is a synthetic alkaloid closely related to quinin. The reader is referred to the literature for the various reports on its uses. Being closely related to quinin, one wonders why reactions are not more common. Dawson and Garbade[3] of the University of Texas in 1930 carried out some investigations on the idiosyncrasy to various quinin derivatives. They stated that reactions to eucupin were not observed. In a later report, however, this statement was modified to the effect that such reactions were rare, and that one or two cases of urticaria had been observed following the use of eucupin-procain solution.

### IN CONCLUSION

A reaction following the use of eucupin was observed. This reaction corresponded in type to those of the multiforme erythema variety, and may be of the acquired type.

7819 Girard Street.

1 Holder, H. G., and MacKay, E. M.: Use of Urea in Treatment of Infected Wounds, J. A. M. A., 108:1167-1169 (April), 1937.

2 Dawson, W. T., and Garbade, F. A.: Idiosyncrasy to Quinin, Cinchonidin and Ethylhydrocuprein, and Other Levorotatory Alkaloids of Cinchona Series; Further Chemical Delimitation of Idiosyncrasy; Alteration in Sensitiveness, J. Pharmacol. and Exper. Therap., 39:417-424 (Aug.), 1930.

3 Dawson, W. T., and Garbade, F. A.: Idiosyncrasy to Quinin, Cinchonidin and Ethylhydrocuprein, and Other Levorotatory Alkaloids of Cinchona Series: Preliminary Report, J. A. M. A., 94:704-705 (March 8), 1930.

## ALUMINUM CHLORID IN FOLLICULITIS OF THE NOSE

*By* H. O. VEACH, M. D.
*Hollywood*

FOLLICULITIS of the nose is a condition frequently encountered by the general practitioner. It is characterized by redness, swelling and pain, limited to the vestibular portion. Several of the patients I have known with this condition have been annoyed chiefly in winter, when the cold air apparently lowers the resistance of the nasal mucosa to infection. In some individuals the disease becomes almost continuous in the winter months. One of my patients aptly named his disease "red nose." The infection begins in the mucosa, with suppuration resulting in a few days. The abscess breaks usually through the mucosa, but may perforate externally. There may be single or multiple abscesses. In the incipient stage, many such infections can be cured by hot fomentations and application of antiseptics to the mucous membrane. Others stubbornly resist treatment.

### REPORT OF CASE

I followed an intractable case over a period of seven years. It was that of an adult male who was first annoyed by nasal folliculitis in the winter of 1931. During that and the following six winters, various treatments were employed, including local application of glycerin, diluted and full strength tincture of iodin, solutions of mild silver protein, boric acid, and epsom salt, ointment of yellow oxid of mercury, merthiolate cream, and tinctures of metaphen, merthiolate, and mercresin. The mercurial tinctures were the most useful of these agents, but they were of little value. In addition, hot fomentations, staphylococcus and mixed catarrhal vaccines, ultraviolet light, and x-ray treatments were used. but all of them were of little benefit.

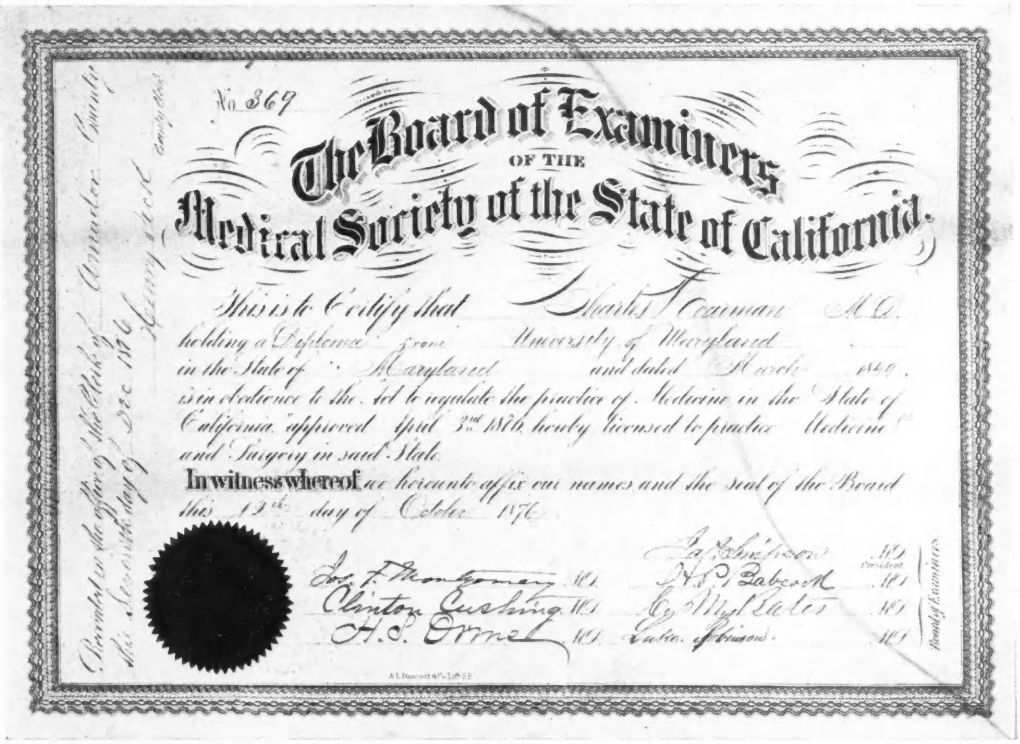
Finally, in November, 1938, I applied 25 per cent aqueous solution of aluminum chlorid to the mucosa, with resultant immediate improvement. Successive applications caused disappearance of the inflammation. The aluminum chlorid was less painful than the mercurial tinctures, and was free from stain. Since that time the patient has been entirely free from nasal folliculitis, though he applies the aluminum chlorid solution two or three times weekly as a prophylactic measure.

More recently I have treated three patients having chronic folliculitis of the nose, with this solution, and with similar results. They also had previously tried a variety of antiseptics with little or no benefit.

6777 Hollywood Boulevard.

# CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.



No. 367

The Board of Examiners
OF THE
Medical Society of the State of California.

This is to Certify that Charles Boarman M.D.
holding a Diploma from University of Maryland
in the State of Maryland and dated March 1849.
is in Audience to the Act to regulate the practice of Medicine in the State of
California approved April 3rd 1876 hereby licensed to practice Medicine
and Surgery in said State.

In witness whereof we hereunto affix our names and the seal of the Board
this 12th day of October 1876.

Certificate of Registration granted to Charles Boarman in 1876, at a time when the State Medical Association was authorized by the State of California to grant certificates, licensing the holders to practice medicine in California. See also January issue of CALIFORNIA AND WESTERN MEDICINE, on page 30, for a reproduction of a membership certificate of Charles Boreman, M. D. (correct spelling is Boarman).

# CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES.....President
HARRY H. WILSON.....President-Elect
LOWELL S. GOIN.....Speaker
KARL L. SCHAUPP.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX



† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL BUSINESS

## Proposed Amendment to the Constitution of the California Medical Association

At the annual session held in Del Monte on May 1, 1939, an amendment was proposed as follows:*

*A Resolution Amending Article VII, Section 1, of the Constitution.* Introduced by William Voorsanger, San

* Article XV of the Constitution outlines the procedure regarding amendments to the constitution:

ARTICLE XV.—AMENDMENTS

*Section 1.—Procedure to Amend Constitution*

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the official journal of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the Delegates present and voting vote in favor thereof, the same shall be adopted.

Francisco, for the San Francisco delegation. Resolution follows:

*Resolved*, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and is hereby amended as follows:

By striking out all of the third paragraph of said Section 1 of Article VII, reading as follows:

The nine district councilors shall be elected as follows: Prior to the time set for the election of District Councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall meet, organize and in due form elect one or more members of the said councilor district, as a nominee or nominees for the said vacancy in such councilor district. Such nomination or nominations shall be submitted in writing, signed by at least two delegates who were present at such meeting, and shall be given to the Secretary-Treasurer, by him to be transmitted to the House of Delegates. The House of Delegates may make additional nominations from the floor of the House, and in the event that the delegates from a councilor district fail to submit a nomination or nominations, shall on its own account proceed to make nominations for each district councilor vacancy; and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship.

and by inserting in lieu thereof the following:

The nine district councilors shall be elected as follows: Prior to the time set for the election of District Councilors, the delegates of each councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee. If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject. If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorships must be members in good standing residing within the district in which the vacancy exists.

Speaker Goin stated that, in accordance with constitutional provision, this amendment to the Constitution would lie over for one year and would be considered at the 1940 session of the House.

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## COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

### Minutes of the Two Hundred and Eightieth (280th) Meeting of the Council of the California Medical Association

The meeting was held in Room 302 of the Sir Francis Drake Hotel, Sutter and Powell streets, San Francisco, on Saturday, January 6, 1940. The Council convened at 9 a. m.

**1. Call to Order.**

The meeting was called to order by Chairman Schaupp. The following members were present: President Charles A. Dukes, President-Elect Harry H. Wilson, Past President William W. Roblee, Speaker Lowell S. Goin, Chairman of the Council Karl L. Schaupp; Councilors C. O. Tanner, Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, C. Kelly Canelo, Henry S. Rogers, William H. Kiger, Philip K. Gilman, E. Earl Moody, Elbridge J. Best, Frederick N. Scatena; Chairman of Public Relations Committee George G. Reinle, Secretary-Treasurer George H. Kress.

Present by invitation: Dewey R. Powell, Vice-Speaker; J. B. Harris, Chairman of Committee on Public Policy and Legislation; Mr. Hartley F. Peart and his associate, Mr. Howard Hassard, legal counsel; Mr. Ross Marshall, Public Relations Counsel for Committee on Public Health Education; and Mr. Ben Read, Executive Secretary of the Public Health League of California. Doctors A. R. Kilgore, T. Henshaw Kelly, and Ray Lyman Wilbur were present at the afternoon session during the discussion of California Physicians' Service.

Absent: O. D. Hamlin, ill; F. A. MacDonald, on ocean trip.

**2. Minutes.**

*Council.*—It was moved by George Reinle, seconded by C. A. Dukes, that the minutes of the 279th meeting of the Council, as published in the November, 1939, issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

*Executive Committee.*—It was moved by George Reinle, seconded by C. A. Dukes, that the minutes of the 168th meeting of the Executive Committee, held on November 11, 1939, as published in the December issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

*Committee on Public Relations.*—It was moved by George Reinle, seconded by Calvert Emmons, that the minutes of the Committee on Public Relations meeting, held on September 10, 1939, as printed in CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

**3. Financial Expenditures of Committee on Public Health Education.**

As secretary of the Committee on Public Health Education, Doctor Schaupp called attention to certain expenditures made by the Committee in cases of emergency, which had not been formally approved by the Council.

It was moved by Charles Dukes, seconded by George Reinle, that the action taken by the officers of the Committee on Public Health Education, in regard to certain emergency financial expenditures and policies, be approved. Carried.

**4. Financial Reports.**

In his financial report for the month of December, Treasurer Kress presented a summary report on the income and expense of the calendar year 1939.

It was moved by Earl Moody, seconded by George Reinle, that the financial statement for the month of December, 1939, be approved. Carried.

**5. Membership.**

Secretary Kress reported as follows:

| | | |
|---|---|---|
| 1. | Total number of members listed on the 1938 roster as of date, December 31, 1938 | 6,101 |
| 2. | (*a*) Total number of former and new members whose current 1939 dues had been paid to date, December 31, 1939 | 6,379 |
| | (*b*) Gain in 1939 membership over year 1938 | 278 |
| 3. | Total number of 1938 members who have not paid their 1939 dues to date, December 31, 1939 | 168 |
| 4. | (*a*) Total number of new members for 1939 whose dues had been paid to date | 533 |
| | (*b*) Total number of new members in 1938 | 558 |
| | (*c*) Excess of new members in 1938 | 5 |

**6. Committee on Public Health Education.**

The Association Treasurer submitted a report on the income received from the special assessment levied as of date of June 1, 1939, by the Del Monte House of Delegates at its meeting on May 3, 1939:

| | | |
|---|---|---|
| 5. | (*a*) Total number of paid-up members as of date, June 1, 1939 | 6,015 |
| | (*b*) Total number of members who, to date, have paid the Special Assessment of June 1, 1939, levied by the House of Delegates, is | 4,914 |

(*c*) Total number of 1938 members who had not paid their dues on or before June 1, 1939..... 415
(*d*) Total number of 1938 group who paid annual dues in period June 1-December 4, 1939..... 146
(*e*) Total number of dues paying members liable for Special Assessment.....6,101
(*f*) Total number of liable members who have not paid the Special Assessment.....1,151
6. (*a*) Total amount received from Special Assessments and placed in American Trust Company (Union Saving Bank) to credit C. P. H. E.....$49,417.00
($49,140 in Special Assessments; $277 in refunders.*)
(*b*) Balance in C. P. H. E. Fund at date of this report ..... 31,418.99

It was moved by Calvert Emmons, seconded by William Kiger, that the report on finances of the Committee on Health Education be approved. Carried.

7. **Audit of Association Accounts.**

It was moved by George Reinle, seconded by Charles Dukes, that the action of the Chairman of the Council and Executive Committee in ordering Ernst & Ernst, Certified Public Accountants, to make an audit of the accounts of the Association for the year 1939, at a cost of $375, be approved. Carried.

8. **Taxes.**

Treasurer Kress reported that, during the calendar year, taxes were due from the Association in the following amounts:

(*a*) Federal Social Security taxes and penalties for years:
1936 .....$370.58
1937 ..... 709.35
1938 ..... 122.28
Total of taxes and penalties.....$1,202.21
(*b*) Federal Social Security taxes for year 1939.... 315.86
(*c*) California Unemployment Reserve taxes for year 1939..... 1,068.26
(*d*) California sales taxes on OFFICIAL JOURNAL.... 789.70
(*e*) City and County personal property tax for 1939 ..... 53.65
Grand total of all taxes due from the California Medical Association for year 1939.....$3,429.68

9. **Loans.**

*Initial Loans of House of Delegates.*—The Treasurer reported that loans up to $15,000 had been authorized by the House of Delegates at its special session held on December 17 and 18, 1938 (official transcript of minutes on page 289). Also that, in accord therewith, the Council of the Association had borrowed from the "Trustees Of The California Medical Association" the sum of $15,000, and had loaned the same, without interest, to the California Physicians' Service as per authority granted at the Council meeting of January 14, 1939 (Item 17 in Council minutes as printed in the February, 1939 issue of CALIFORNIA AND WESTERN MEDICINE, on page 133).

*Subsequent Loans.*—In addition to the above, the Council on October 7, 1939 (as per minutes in CALIFORNIA AND WESTERN MEDICINE, November, 1939, page 331, item 14), authorized a further loan of $12,000. Of this amount, $6,000 had been paid by check on December 26, 1939, leaving $6,000 still available under the loans to the California Physicians' Service, as authorized by the Council.

10. **Budget.**

The budget for the calendar year 1941, as prepared by the Auditing Committee and approved by the Executive Committee, was presented. Copies were given to the councilors for study, and for consideration at the next meeting of the Council.

11. **Indemnity Defense Fund.**

General Counsel Peart read a letter dated November 11, 1939, addressed to the Board of Directors of the Trustees Of The California Medical Association, who at present hold written assignments covering nine-elevenths of the interest in the moneys of the Indemnity Defense Fund. Mr. Peart outlined a legal procedure by which the loan of the Association's equity in the Indemnity Defense Fund could be made, with provision through insurance in Lloyd's of London, to cover any liabilities through future judgments against the fund.

Mr. Peart also read a supplemental statement having date of December 21, to the report he had rendered to the Board of Directors of the Trustees Of The California Medical Association on date of November 11, 1939.

It was pointed out that the term of Dr. Howard Morrow, as one of the trustees of the Indemnity Defense Fund, expired January 1, 1940. (Board of Trustees of the Indemnity Defense Fund consisted of Howard Morrow, 1940; Lemuel P. Adams, 1941; and Junius B. Harris, 1942.)

P. K. Gilman nominated Karl L. Schaupp as a trustee of the Indemnity Defense Fund for a period of three years, term expiring January 1, 1943. The nomination was seconded by William H. Kiger, and carried.

It was moved by Charles A. Dukes, seconded by Harry H. Wilson, that the Council recommend to the Board of Directors of the Trustees Of The California Medical Association that a policy be secured covering reinsurance of any claims which might occur under the Indemnity Defense Fund during the period of the next five years; such policy to provide coverage protection to the approximately nine-elevenths interest in the Indemnity Defense Fund, which, through action by former members of the Indemnity Defense Fund, had been assigned to the Trustees Of The California Medical Association. Legal Counsel Peart stated that Lloyd's of London would grant such coverage for the sum of $350, plus tax. Motion carried.

12. **Public Relations Counsel.**

Mr. Ross Marshall, Counsel on Public Relations of the Committee on Public Health Education, reported on his activities during the past few months in relation to the chiropractic initiative, which had a place on the November State election ballot, compulsory health publicity, health education publicity, and other activities.

13. **Constitution and By-Laws.**

Doctor Roblee expressed the opinion that amendments should be made to the Association's By-Laws that would permit special assessments to be carried through without legal or other complications.

It was moved by W. W. Roblee, seconded by A. E. Anderson, that the Legal Counsel formulate amendments to the By-Laws which would permit future assessments to be made in proper form. Carried.

Dr. George Maner suggested that a complete revision of the Constitution and By-Laws would be advisable to clear up conflicts in the present provisions.

It was moved by George D. Maner, seconded by P. K. Gilman, that a committee of three be appointed to study and bring in a complete revision of the present Constitution and By-Laws, for consideration at a future meeting of the Council, and future reference, to the House of Delegates. Carried.*

14. **Special Assessment.**

Discussion was had of the matter of protests of the special assessment and specific requests for refund of the assessment paid.

* The difference between 5 (*a*) and 6 (*a*), amounting to $277 is explained because it was necessary to return to county societies and members not liable for the assessment, $190, and for partial payments, $32. It was also necessary to transfer to the California Medical Association General Fund the sum of $55, because assessment checks also contained checks for annual dues. These together made a total of $277.

* Committee appointed consists of George D. Maner, Los Angeles (chairman); Dewey R. Powell, Stockton; and E. T. Remmen, Glendale.

It was moved by P. K. Gilman, seconded by C. A. Dukes, that, inasmuch as the special assessment of June 1, 1939, had been levied by the Del Monte House of Delegates on May 3, 1939, the status of members who had not paid the assessment, and protests and requests for refunds be referred to the House of Delegates at Coronado, in May, 1940.

15. **Public Health League of California.**

Mr. Read, Executive Secretary of the Public Health League of California, who was present by invitation, reported on the activities of the League in public health work. Mr. Read called attention to certain legislation which his organization considered to be inimical to the health interests of the citizens of the State.

16. **Reinstatement of Members.**

A list of 763 physicians who had allowed their memberships to lapse on account of nonpayment of 1939 dues prior to April 1, 1939—date of delinquency provided in the Constitution and By-Laws—but who had subsequently paid their 1939 dues, was presented.

It was moved by George D. Maner, seconded by Harry H. Wilson, that all members who had failed to pay their dues prior to April 1, 1939, but whose dues had been subsequently forwarded to the Association by their respective county societies, be reinstated to membership. (By-Laws, Chapter II, Section 2 (b). Carried.

17. **Santa Barbara County Society Memberships.**

Full discussion was had of the membership status of two former members of Santa Barbara County Medical Society who are now residing in Kern County, and whom the Santa Barbara County Medical Society had continued to carry on its membership rolls.

On motion of Lowell S. Goin, seconded by William H. Kiger, it was

*Resolved,* That the Council of the California Medical Association interprets Chapter II, Section 11, of the By-Laws to mean that Doctors W. H. Eaton and J. G. Ware have ceased to be members of the California Medical Association by reason of their failure to apply for membership in Kern County Medical Society as provided in said Chapter and Section of the Association By-Laws.

18. **Legislation.**

Mr. Heerman and Mr. Burrell of the Associated Hospital Service of Southern California appeared before the Council concerning prospective legislation of interest to hospitals. Mr. Burrell called attention to the Supreme Court decision, which held that nonprofit and charitable hospitals were liable for all acts of negligence on the part of their employees.

Mr. Burrell then spoke of the proposed amendment to Chapter 17 of the Civil Code which provided, in essence, that any institution or hospital which provides teaching courses must have at least $50,000 capital invested in equipment used exclusively for teaching purposes. Mr. Burrell explained that this would jeopardize nurse training schools in hospitals.

J. B. Harris, Chairman of the Legislative Committee, emphasized the necessity of thorough study of all legislative measures.

It was moved by Lowell S. Goin, seconded by C. Kelly Canelo, that the proposed legislation on negligence of employees in nonprofit hospitals, and amendments to Chapter 17 of the Civil Code, be referred to the Committee on Public Policy and Legislation. Carried.

19. **Los Angeles and Ventura County Society Membership.**

Discussion was had of the legality of membership of a member residing in Ventura County and holding membership through the Los Angeles County Medical Association.

The matter was referred to the legal counsel, Mr. Peart, for report; the Secretary to give the respective county societies all data concerning residence and other information on file in the headquarters office.

20. **California Physicians' Service.**

Alson R. Kilgore, Secretary of the Board of Trustees of California Physicians' Service, gave a progress report on the work of that nonprofit corporation. Doctor Kilgore stated that there was a steady increase in membership and that this increase to date had practically paralleled the estimated increase set by the Trustees. Doctor Kilgore submitted figures taken from the accounts of the California Physicians' Service, showing that receipts from dues were increasing and stated that by May or June, 1940, the Trustees believed all current expenses would be covered.

Ray Lyman Wilbur, President of the Trustees of the California Physicians' Service, addressed the Council, outlining the necessity of support of the venture from the standpoint of the profession and the health of the people.

Discussion was had of the value of investment in the organization by professional members, in order to increase the professional members' interest in the success of the plan and to assure a self-sustaining organization.

21. **Luncheon Recess.**

At this point, a recess was declared for luncheon. Invited guests included representatives of the Board of Trustees of the California Physicians' Service and of the three nonprofit hospitalization corporations (Insurance Association of Approved Hospitals, Intercoast Hospitalization Insurance Association, and Associated Hospital Service of Southern California).

22. **California Physicians' Service.**

Further discussion was had of the financial needs of the California Physicians' Service. It was pointed out that $6,000 was still available under the loan authorized by the Council on October 7, 1939.

It was moved by Charles Dukes, seconded by Louis Packard, that a further loan of $10,000 to the California Physicians' Service be authorized. Carried. . . .

23. **Appeal of Dr. A. T. Martin.**

At this point the Chairman announced that the Council was convened pursuant to resolution adopted at its meeting held on November 7, 1939, at Los Angeles to consider further the appeal of Dr. A. T. Martin from the decision of the Los Angeles County Medical Association.

The Chairman announced that Dr. Lowell S. Goin, who had acted as prosecutor at the meeting before the Los Angeles County Medical Association, Dr. E. Earl Moody and Dr. George Maner, who had appeared on behalf of the Los Angeles County Medical Association at the oral argument, were all disqualified to participate in the deliberations of the Council or in the decision on said appeal. Doctors Goin, Moody, and Maner thereupon retired from the room.

The Council then proceeded to a consideration of the transcript of the testimony taken before the Los Angeles County Medical Association, and the exhibits attached thereto, and to a consideration of the transcript of the arguments made at the hearing before the Council at its meeting held on October 7, 1939, at Los Angeles. After consideration of the charges and answer thereto, the testimony and exhibits and the oral arguments, a decision was reached by the Council as follows:

It is the judgment of the Council, in the matter of the appeal of Dr. A. T. Martin, that the decision of the Los Angeles County Medical Association be affirmed in so far as findings of fact are concerned, but that the period of suspension ordered by said association be modified by reducing the period of suspension from one year to one month. All members of the Council present concurred in the foregoing decision except Doctor Wilson, who voted "No."

The findings of the Council and its decision were thereupon ordered reduced to writing, and communicated to the appellant and to the Secretary of the Los Angeles County Medical Association.

24. **Sacramento Society for Medical Improvement.**

A letter, dated December 7, from the Sacramento Society for Medical Improvement, incorporating a resolution adopted by that component county society on November 21, 1939, and rescinding a prior resolution adopted on August 15, 1939 (on the subject of relations between the Sacramento Society for Medical Improvement and California Physicians' Service), was read. Informal discussion followed. No action taken.

25. **Los Angeles County Medical Association Hearing.**

The Secretary reported on a hearing before the Los Angeles County Medical Association on charges of violation of medical ethics by a member, stating that the case had been closed after censure of the member by the Council of the Los Angeles County Medical Association.

26. **Retired Memberships.**

After consideration of membership data presented, and on recommendation of their respective county medical societies, the following retired memberships were granted:

Frank Paul McManus, Esparto (Yolo-Colusa-Glenn County Medical Society).

Lewis D. Remington, Los Angeles (Los Angeles County Medical Association).

Andrew F. Wagner, Los Angeles (Los Angeles County Medical Association).

Wallace I. Terry, San Francisco (San Francisco County Medical Society).

Peter Andrew Jordan, San Jose; Samuel B. Van Dalsem, San Jose; and Roy M. Fortier, Berkeley (all members of the Santa Clara County Medical Society).

27. **Committee on Public Health Education.**

As secretary of the Committee on Public Health Education (the committee in charge of the activities covered by the special assessment fund of the House of Delegates), Doctor Schaupp brought to the attention of the Council certain items of policy and others entailing expenditure of funds as follows:

(a) *Data on Medical Service and Health Service.*—The recommendation of the Committee on Public Health Education regarding the employment of an economist to compile health insurance data, as presented in letters dated December 15 from representatives of the Public Health League of California (Doctors Glenn F. Cushman, John W. Cline, and Thomas F. Mullen), was discussed in detail. The estimated expense of possibly $10,000 to $15,000 for employment of a competent economist and staff was discussed. Attention of the Council was called by several members to the fact that the National Physicians' Committee for the Extension of Medical Service may be compiling data of similar nature, as well as the Bureau of Medical Economics of the American Medical Association, and that it might be possible to secure information from these authentic sources that would be equally effective and less expensive.

It was moved by Elbridge Best, seconded by Lowell S. Goin, that the Committee on Public Health Education assemble all the fundamental facts possible on health insurance and medical service, without, at the present time, the employment of an economist, or any major added expense to the Association. Carried.

(b) *Publicity on Health Topics.*—The Council approved an expenditure of $100 from the funds of the Committee on Public Health Education for literature on public health and scientific medicine, for distribution in high schools and colleges; the plan to be first tried out at Pomona College.

(c) *Annual Essay Contest on Health Subjects.*—On motion of Elbridge Best, seconded by Earl Moody, the Council approved the recommendation of the Committee, that a subcommittee of the Committee on Public Health Education be appointed with instructions to develop an annual essay contest on a health subject. Participants to be limited to seniors in high schools and students in junior colleges of equivalent scholastic years; and that $200 be set aside for first, second, third, and other prizes. Certificates of award also to be granted.

(d) *California Physicians' Service.*—Attention was called to the fact that, in visits to the component county societies, the counsel on public relations, Mr. Marshall, had not spoken on the California Physicians' Service.

It was moved by William H. Kiger, seconded by Henry S. Rogers, that the Council of the California Medical Association believes it to be expedient and proper that the Counsel on Public Relations of the Committee on Public Health Education, in his speaking tours, give information and answer questions propounded regarding the California Physicians' Service. Carried.

**28. Guest Speakers.**

Secretary Kress reported that, in accordance with past custom and former report, the Association's Committee on Scientific Work contemplated extension of invitations for three guest speakers at the annual session at Coronado; one to be invited by the section on medicine and associated specialties, one by the section on surgery and associated specialties, and one by the President of the Association. Doctor Kress stated that the surgical section, through Dr. F. S. Foote, had invited Dr. I. S. Ravdin, Professor of Surgery, University of Pennsylvania; that the section on medicine, through Dr. Russel V. Lee, was in correspondence, but had not yet reached a final decision on its speaker; and that the President was awaiting the decision of the sections before making his final selection.

It was moved by George Maner, seconded by C. Kelly Canelo, that the matter of approval of names of the guest speakers be left to the joint decision of President of the Association and the Chairman of the Auditing Committee. Carried.

**29. Council Report.**

It was deemed desirable that the annual report of the Council should be prepared sixty days in advance of the annual session for publication in the Pre-Convention Bulletin, so that the facts contained therein may be brought to the attention of all delegates.

**30. Annual Conference of County Society Officers and Standing Committees.**

After discussion, on motion of Elbridge Best, seconded by Henry Rogers, the date of the annual conference of county society secretaries with officers of the Association and members of California Medical Association standing committees, was set for Sunday, February 18, 1940, the meeting to be held in the Sir Francis Drake Hotel, in San Francisco.

**31. Date of Next Council Meeting.**

On motion of George Maner, seconded by Kelly Canelo, the date of the next meeting of the Council was set for Saturday, February 17, 1940, at San Francisco.

**32. Report of Legal Counsel.**

(a) *Smith* vs. *Kern County Medical Society.*—Legal Counsel Peart stated that Joe Smith had entered an appeal from the decision rendered in the case of *Smith* vs. *Kern County Medical Society.*

(b) *Jordt* vs. *State Board of Education.*—Legal Counsel Peart stated that a decision had been rendered in the case of *Jordt* vs. *State Board of Education* granting to osteopathic physicians and surgeons the right to obtain health and development certificates.

(c) *Humboldt County.*—The Legal Counsel submitted a progress report on industrial practices in Humboldt County.

**33. Cancer Commission Exhibit.**

The matter of participation in the 1940 Golden Gate International Exposition by the Cancer Commission was referred to Doctors Gilman and Kilgore for report and recommendation to the Council.

**34. Sun Attendant Agency.**

It was moved by George Maner, seconded by C. Kelly Canelo, that the correspondence regarding the Sun Attendant Agency be received. Carried.

**35. Industrial Practice.**

Correspondence regarding abuses in industrial practice was presented. No recommendations were made.

**36. Needy Physicians.**

It was moved by George Maner, seconded by C. Kelly Canelo, that the transportation expense of a meeting of the Committee on Needy Members, to be held in Fresno, be approved. Carried.

**37. Adjournment.**

There being no further business the meeting adjourned.

Approved:

KARL L. SCHAUPP, *Chairman.*

GEORGE H. KRESS, *Secretary.*

# OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

President Charles A. Dukes of Oakland, accompanied by Secretary-Editor Kress and District Councilor C. Kelly Canelo, met on Thursday, January 4, with the county societies of Monterey, Santa Cruz, and San Benito, in a tri-county meeting that was held at the Hotel Del Monte. At this meeting the guest speaker on a scientific topic was Dr. Dwight L. Wilbur of San Francisco, who discussed "Vitamines."

President Dukes and Secretary Kress took up organization problems and the various activities of the California Medical Association, and Councilor Canelo gave a progress report on California Physicians' Service. The attendance was good, and much interest was evidenced concerning the various matters brought up for consideration. Dr. Mast Wolfson, President of the Monterey County Medical Society, presided.

* * *

On Tuesday, January 9, President Dukes and Secretary Kress, with Councilor Axcel E. Anderson of Fresno and Dr. Dwight L. Wilbur of San Francisco, were the guest speakers at the meeting of the Fresno County Medical Society, held in the University-Sequoia Club in the city of Fresno. A large attendance was present, and here again talks were given on organization activities in medicine, with special reference to pending and prospective legislation, but particularly to medical and hospitalization service plans. Much interest was shown in these matters, both during and after the meeting.

* * *

On invitation from the Sacramento Society for Medical Improvement, President Charles A. Dukes and Association Secretary George H. Kress, accompanied by Dr. Dwight L. Wilbur of San Francisco, were guest speakers before this oldest of all the county medical units in the California Medical Association. Doctor Wilbur took as his topic, "Functional Indigestion."

President Dukes and Secretary Kress spoke on the background of pending and prospective federal and state legislation in relation to medical practice. A general discussion followed.

* * *

On Wednesday, January 24, President Dukes and Association Secretary Kress, accompanied by Mrs. Frederick N. Scatena, President of the Woman's Auxiliary to the California Medical Association, journeyed to San Mateo, two meetings being held: the one of the County Medical Society and the other, the Woman's Auxiliary. A large number of members were present. The meeting was followed by the presentation of a talking film, given under the auspices of the Woman's Auxiliary, and dealing with historical events in San Mateo County.

* * *

Other county societies to be visited by President Dukes and his party include the San Joaquin County Medical Society at Stockton; the Merced County Medical Society at Merced; the Alameda County Medical Association at Oakland; the Santa Clara County Medical Society at San Jose; and the Tulare County Medical Society at Visalia.

# COMMITTEE ON PUBLIC HEALTH EDUCATION†

Your Committee on Public Health Education started the new year facing a mass of work.

Sets of speeches were forwarded to all county medical society speakers' bureaus. These mimeographed speeches were obtained from the American Medical Association and furnished to speakers' bureaus with the idea of saving the time of doctors who secure requests to make speeches before organizations. They cover a variety of medical subjects, and include one speech on the subject of voluntary versus compulsory health plans. Additional and more informative speeches on this latter subject, which is of great importance this year, are being prepared and will be forwarded upon completion.

Two publicity stories were mailed during the last month to all newspapers in California, and a considerable number of the papers published the stories; one dealt with the disadvantages of compulsory health systems; the other publicized the fine work done by San Joaquin Valley doctors among the migratory workers.

Your public relations counsel made speaking appearances, explaining the program of the Committee on Public Health Education before the following county medical societies: Stanislaus, San Mateo, Solano, and Butte.

The Committee on Public Health Education Bulletin No. 2 was mailed to all members of the California Medical Association. This bulletin contained affiliation postcards to be returned after being filled out by the members. At the publication deadline last month, almost 1,500 cards had been returned. It is urged that all members who have not filled out the cards do so and post them at once, as this information is of extreme importance to your committee and is needed to combat the compulsory health campaign that will be directed against us this year. Officials of the Los Angeles County Medical Society Speakers' Bureau consider this information so valuable that they requested

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes, (ex officio), Oakland. Mr. Ross Marshall is the public relations counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

a copy of it, in so far as it applied to Los Angeles County. Please do your part to help us help you.

Your Committee has investigated the situation in secondary schools and colleges and finds there is considerable need of a public health education program therein. As a result, plans were advanced during the month to place educational literature secured from the American Medical Association and similar sources, in California colleges in order that our future citizens may have the proper perspective regarding the advisability of consulting doctors of medicine rather than cultists. The Committee learned that cultists have made considerable inroads in this field.

Extending our program into the high schools, your Committee is formulating a plan for an annual essay contest among high school pupils, with prizes of nominal amount and yet sufficient to be attractive to the students. More will be reported on this when the plan has been advanced.

Your Public Relations Counsel has reported to the Committee that there are eighty-five forums conducted by adult education classes in high schools throughout California, in which discussions are held weekly on matters of current interest. Among the subjects being considered is that of medical care by the present and by the proposed state systems. Your Committee immediately started an investigation of this angle of public relations with the intention of meeting the situation promptly.

The public relations counsel, Mr. Ross Marshall, attended the annual convention of the California Newspaper Publishers' Association and reported a very favorable reaction among publishers in response to the paragraph in our Bulletin No. 2, urging that some printing business be given to newspapers with job-printing plants.

Mr. Marshall also reported several speaking engagements before county medical societies lined up for the following two months.

## C. M. A. CANCER COMMISSION†

A recent letter sent out by the Cancer Commission of the California Medical Association gives information concerning a meeting held in Santa Barbara on January 28. Report thereon will be made in a subsequent issue. Letter follows:

"You will recall that a few years ago, under the sponsorship of the Cancer Commission, numerous committees formulated reports concerning the diagnosis and treatment of cancer. These were combined in reprint form and later in booklet form for distribution to the physicians of California. Since the treatment of cancer is anything but static, and since the public through educational programs is becoming more and more cancer-conscious, it behooves us all to be able to give the cancer patients the best treatment he or she can receive at the earliest opportunity. For this reason the Cancer Commission is considering the desirability of revising these reports.

"Accordingly a meeting is being called, to be held at the Bissell Auditorium of the Cottage Hospital in Santa Barbara on Sunday, January 28, 1940, at 10 a. m. This meeting is to consider the advisability of this undertaking, which will be a tremendous one, and also to consider ways and means of accomplishing this revision. It is desired that all the men who were instrumental in preparing the previous reports be present at this meeting.

"Unfortunately there is not enough money in the budget to pay the necessary individual traveling expenses for such a meeting, so that each individual will have to pay his own expenses. Such an expense, however, should not be a burden to anyone. It is hoped that you will make every effort to be present. Inasmuch as we must know how many will be present in order to arrange for lunch at the Hospital, will you be so kind as to return the lower portion of the second sheet of this letter with your response to the undersigned at your earliest convenience. . . .

"May we have an early reply, and with many thanks for your interest, I am

Very truly yours,

OTTO H. PFLUEGER, M. D.,
*Secretary.*"

384 Post Street, San Francisco.

† For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

## COMMITTEE ON POSTGRADUATE ACTIVITIES†

### Portland Course in Ophthalmology and Otolaryngology

The annual course in ophthalmology and otolaryngology is to be given this year on April 1 to 6, inclusive, in Portland, Oregon. The guest speakers are two outstanding men in their respective fields—Dr. Meyer Weiner, professor of ophthalmology in the Washington University School of Medicine, St. Louis, Missouri, and Dr. Marvin Jones, professor of otology in Columbia University Medical School, New York City. There will, also, be demonstrations of eye surgery and the usual demonstration of surgery of the ear, nose, and throat in the evenings. Preliminary programs will be out about March 1.

Further information may be obtained from Guy L. Boyden, Secretary, 510 Stevens Building, Portland, Oregon.

* * *

### University of California Medical School: Refresher Course

*Record Number of Physicians Take Graduate Course.*—A record number of physicians from all parts of California attended the vacation refresher course which opened on January 3 at the University of California Medical School, according to a report from the Dean's office.

Fifty-nine physicians enrolled, the largest number ever registered at the University in this type of postgraduate work.

The course included discussion of the newest developments in treatment of pneumonia, syphilis, anemia, encephalitis, tuberculosis, and other serious ailments, and a series of clinical demonstrations.

Because the present course and earlier ones have been so successful, plans are now under way for another course to be held in the late spring or summer of this year, and still another for January, 1941.

## CALIFORNIA PHYSICIANS' SERVICE‡

**Progress Note.**

| | |
|---|---|
| Number of members | 7,500 |
| Number of groups | 233 |
| Unit value for November, 1939 | $1.60 |

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

‡ Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., secretary. Mr. Allen Widenham, manager.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associations in California, see in front advertising section on page 3, bottom left hand column.

**Comment.**

*"Chiseling."*—We heard a lot before California Physicians' Service was started about what would be done to it by "chiseling" doctors. So far over five hundred bills have been received from professional members, and the Medical Director is unable to detect any chiseling yet. Cooperation by the doctors has been excellent. California Physicians' Service is their own plan, not just another insurance company.

Lack of understanding of rules and of contract provisions has cost money in a few instances, but this is inevitable while we are all learning how to make this service work.

*Hospitalization.*—In October, Intercoast Hospitalization Insurance Association declined further issue of the "uniform contract" sold by Associated Hospital Service of Southern California and Insurance Association of Approved Hospitals in the Bay Area, offering only its former contract at a higher rate. In December, Associated Hospital Service voted to extend its territory as far north as (and including) Fresno County. We hope for early arrangements which will again offer the "uniform contract" in the remainder of the territory served by the Intercoast.

*Medical Directors.*—Doctors should realize what medical directors are for. It is not their function to teach professional members how to practice medicine. But it is their business to protect the fund from improper expenditure of money. Before starting extensive diagnostic or therapeutic work, it will pay to find out from the medical director whether or not the patient is entitled to the service. If bills are paid that should not be paid, the unit value will inevitably suffer.

*Note.*—The medical directors are all serving without pay so far.

No patient has been taken away from any doctor by any medical director.

No patients are referred to any doctor by California Physicians' Service offices or medical directors.

# COUNTY SOCIETIES†

## KERN COUNTY

The Kern County Medical Society held a regular meeting at the Padre Hotel in Bakersfield on the evening of January 18, with Dr. C. S. Compton presiding.

Doctor Compton announced that Dr. Roderick Ogden is to fill the place of Dr. L. A. Packard on the Board of Directors due to the resignation of Doctor Packard.

Dr. J. Headen Inman announced that the postgraduate conference would be held in Bakersfield on March 16, with six speakers listed for the all-day session.

Dr. Lloyd Fox, Chairman of the Program Committee, introduced Dr. Charles E. Smith of Stanford University Medical School, who spoke on *Coccidioidal Granuloma in Relation to Erythema Nodosum.* As the investigation of so-called valley fever or erythema nodosum in the San Joaquin Valley, under the Rosenberg Foundation, was largely carried on in Kern County, physicians and technicians who coöperated in the survey with Doctor Smith were especially invited to be present at the meeting. Many of the personnel of the Kern County Health Department attended.

Doctor Smith gave an interesting report of the study of 432 cases of erythema nodosum, the majority of cases being studied in Kern County. He stated that none of these cases developed coccidioidal granuloma or serious sequelae, but that practically all were due to the coccidioides fungus. Doctor Smith summarized the symptoms, incubation period, x-ray and laboratory findings, and demonstrated slides and motion pictures showing the seasonal distribution, sex incidence, and the typical lesions.

Everyone present felt that this was an interesting epidemiological study and are looking forward to further studies by Stanford Medical School in this field.

ERIC COLBY, *Secretary* (S. M. L.).

## PLACER COUNTY

The Placer County Medical Society held its December meeting at the Freeman Hotel in Auburn on the 19th. President Miller called the meeting to order at 8 p. m. In addition to Doctor Miller, there were present the following members and visitors:

Members—Doctors Banks, C. C. Briner, Empey, Eveleth, Louis E. Jones, Peers, Russell, Smith, and Weddle.

Visitors—Dr. Ellen S. Stadtmuller of San Francisco, Chief of the Bureau of Child Hygiene, Division of Public Health Education, Department of Public Health; Miss Georgie Barbiere of Roseville, Health Center nurse; and Miss Lu Crandell of Auburn, Supervisor of Child Welfare for Placer County.

The ordinary order of business was dispensed with and Doctor Miller called upon Doctor Stadtmuller. Doctor Stadtmuller explained a proposed plan of the Bureau of Child Hygiene to give up Well-Baby and Prenatal Clinics and to turn such clinics over to private physicians. Doctor Stadtmuller outlined the present method of financing of these clinics and the proposed plan for the payment of private physicians who might take over the work.

Doctor Empey, for the Society, spoke at length upon the matter of responsibility for the care of children, outlining the point of view of the members of the medical profession relative to the matter of the responsibility of the parents, of the medical profession, and of the state in the care of children in the low-income group. After lengthy discussion the President and the Secretary stated it as their opinion that the function of the County Society in the matter would be to decide merely on the matter of policy and ethics.

A motion was made by Dr. C. C. Briner, seconded by Dr. Louis E. Jones, and carried, that it is the sense of the members of the Society that, while they do not care to recommend a change, there is no objection to any arrangement made by individual members to take charge of well-baby or prenatal clinics as proposed by Doctor Stadtmuller. It was unanimously agreed among the members present that each was willing to see in his office, free of charge, children of needy parents when application is made for such consultation by a public health nurse.

At this point the ordinary business was resumed. . . .

A resolution relative to the death of Dr. Vernon V. Rood was read.

The application of Dr. John R. Topic of Nevada City for membership in the Placer County Medical Society was read for the second time, and he was unanimously elected to membership.

Correspondence from Dr. John H. Napier, Jr., Principal of the Placer Union High School and Placer Junior College, relative to the various medical problems which have been presented to the County Society by Doctor Napier was read and discussed. In this connection, President Miller reported on a visit which he and the Secretary made to the Grant Union High School in North Sacramento for the purpose of inspecting their clinic, and also on the meeting between the President and the Secretary and Doctor Napier and the High School Board of Trustees.

After very thorough discussion, it was the sense of the members that the Society should continue to maintain the position adopted at a previous meeting when the Society went on record as favoring the appointment of a full-time

† For roster of officers of component county medical societies, see page 4 in front advertising section.

registered nurse at the high school. It was the opinion of the members that the appointment of a part-time physician might gradually lead to a form of social medicine inside the high school and junior college, whereby the taxpayers would be paying for medical and surgical care for all students irrespective of their ability to pay.

There being no further business, the meeting was adjourned. ROBERT A. PEERS, *Secretary*.

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### RIVERSIDE COUNTY

The Riverside County Medical Association held its regular meeting at the Riverside Community Hospital on January 8 at 8 p. m.

A paper on *Allergy in General Practice* was presented by Dr. Robert W. Lamson of Los Angeles.

It was reported that Orange County is again joining with us in the Tri-County Postgraduate conferences this year to be held at the Ebell Club in Santa Ana on January 25. PHILIP CORR, *Secretary*.

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### SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium on November 17, 1939.

There were forty-five members and guests present.

The paper of the evening was presented by Dr. Howard Brown, his subject being *Peripheral Nerve Injuries.* Doctor Brown discussed the peripheral nerve injuries commonly seen in general practice, first considering the diagnosis and treatment of the acute injuries. Methods for lengthening the severed nerves were taken up in detail. He then discussed the chronic phases, especially those injuries produced by trauma from cast pressure, fractures, during open reduction, dislocations, manipulation, tourniquets, and splinting. Doctor Brown also went into detail in the method for doing a neurolysis and some of the newer surgery on injuries to the facial nerve. Discussion was opened by Doctor Van Den Berg, and continued by Doctors Wallerius and Rulison.

The applications for membership of Doctors J. Chambers, Ugo Pucci, E. Varanini, Frank McCullough, Aaron Rosenoff, and George Akamatsu were read for the second time, and all were elected to membership in the Sacramento Society for Medical Improvement. . . .

There being no further business the meeting was adjourned.

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The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium on November 21, 1939. There were thirty-eight members and guests present.

Dr. M. A. Harada presented the paper of the evening, on *Practice of Medicine in Japan.* Doctor Harada stated that the German influence was most noticeable in Japan, then the American, English, and French. Most of the private practitioners have their own hospital with their own nurses, pharmacists, and chauffeurs. General hospitals are rare. Doctor Harada mentioned the fees for some of the commoner ailments. As to technique, he stated that there was a lack of sterile technique, as compared with our methods, and that most of the equipment was of cheaper manufacture. The common illnesses treated are typhoid, tuberculosis, cholera, dysentery, avitaminosis, and venereal diseases. He stated that preventive medicine is not so well advanced, but that general surgery is fairly well developed. The medical specialties are not so well developed as in the United States. Doctor Harada was also impressed with the fact that such high requirements are necessary here for entrance to medical schools, and most students need English, German, French, along with their native Japanese language. The paper was very interesting and exceptionally well presented.

The applications for membership of Drs. Teru Togasaki and Maude Tillotson were read for the first time. . . .

There were no reports of committees.

There being no further business the meeting was adjourned.

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The regular annual business meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Manuel Azevedo, at the Auditorium, on December 19, 1939.

There were fifty-two members and guests present.

The minutes of the last annual meeting were read and approved; the report of the Board of Directors was read by the President; the financial and membership report of the Secretary was read and approved. . . .

The following were elected as members of the Board of Directors for the year 1940: Doctors Norris Jones, Frank W. Lee, Wayne Pollock, Ralph Teall, Paul Christman, Ray Wallerius, Orrin Cook, Manuel Azevedo, and George Briggs.

The following were elected as delegates: Doctors Wayne Pollock, Ray M. Wallerius, and Manuel Azevedo; and the following were elected as alternates: Doctors H. M. Kanner, Ralph Teall, and Paul Guttman.

Dr. Glenn E. Millar was nominated and elected to the office of secretary-treasurer for the year 1940. . . .

G. E. MILLAR, *Secretary-Treasurer.*

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### SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday, December 5, 1939.

The meeting was called to order by the president, Dr. Walter S. Cherry, at 8:15 p. m., when about sixty-five members and guests were present.

Dr. C. G. Hilliard, administrative member of the California Physicians' Service, reported on the recent meeting of the administrative body in Fresno. The California Physicians' Service is progressing nicely, and the unit at present is worth $1.75.

Dr. P. M. Savage, Sr., also reported on the meeting, and stated that there had been twelve cases handled so far. He stressed making the reports properly, and sending them in before the 15th of the month.

The program of the evening was then given:

*Immediate Cervical Repair,* by Emil J. Krahulik of Los Angeles; and *Intermediate Cervical Repair,* by Norman H. Williams of Los Angeles. Discussion was opened by Howard Hill of Redlands.

*Review of the Technique of Episiotomy and Repair* was read by Philip A. Reynolds of Los Angeles. Discussion by Delbert B. Williams and P. M. Savage, Jr., of San Bernardino.

Following a good general discussion, the meeting was adjourned at 9:45 p. m., after which refreshments were served. ARTHUR E. VARDEN, *Secretary.*

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### SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held in the Medico-Dental clubrooms in Stockton on Thursday, January 4, preceded by the customary supper meeting at the Hotel Wolf, at which twenty members and guests were present.

The meeting was called to order by President Neill P. Johnson at 8:20 p. m. The application of Dr. James O. Greenwell for admission into the Society was recommended by the Admissions Committee of the Society and, there being no objections from the floor, it was accepted. Doctor Johnson then thanked the Society for the coöperation given him in the year of 1939, and turned the meeting over to President-Elect Hugh Bolinger of Lodi. Doctor Bolinger next introduced the speaker of the evening, Dr. Harry Blackfield, who spoke on *The Treatment of Burns in General Practice*. This paper was very interesting, especially since it was well illustrated by slides, and provoked considerable comment. The meeting was declared adjourned at 9:55, when refreshments were served.

G. H. ROHRBACHER, *Secretary*.

### SAN MATEO COUNTY

The annual meeting of the San Mateo County Medical Society was held on December 27 in the banquet room of the Benjamin Franklin Hotel, with Dr. N. D. Morrison presiding.

Nominations were opened for the office of vice-president and, on motion made and seconded, nominations were closed. The following officers were then elected without opposition: Carl Benninghoven, president; Harvey Whitney, vice-president; and Robert Monteith, secretary.

Members of Board, Roswell D. Borley and William A. Key.

The following delegates to the annual session of the California Medical Association were elected: Hartzell Ray and J. Garwood Bridgman. Alternates: N. D. Morrison, Sr., and H. Wade Macomber.

The Secretary then made an announcement concerning the fact that a local organization in San Mateo County had been formed to carry on the work of the *March of Dimes* campaign for sufferers of infantile paralysis, stating a fund something over $4,000 would be available in 1940. The local committee had asked for coöperation on the part of the San Mateo County Medical Society in the disposition of these funds. The following physicians were appointed as a committee to consider this matter: Norman Fox, Phillip Seeley, and Albert Miller.

The Secretary then submitted the financial statement for the year 1939, which was approved.

This was followed by a report on activities during the past year, including the immunization program carried on among school children; a discussion of the defeat of the compulsory health insurance measure and the chiropractic initiative; and a discussion of the matter of license taxes for revenue which had previously been considered in a board meeting of the Society. The Secretary recommended that this matter be further studied in the hope that action similar to that recently taken in San Francisco might be accomplished in San Mateo County. The Secretary's report further considered the United States Public Health Survey of the County Department of Public Health and the inactivity of the San Mateo County Medical Society in connection with the findings of the survey. In closing, the Secretary urged those present to consider Chapter 3, Section 5 of the by-laws of the San Mateo County Medical Society, which reads as follows: "The Board of Directors may consider and investigate any matters related to public health and any legislation having any relation to medical care, practice or the professional interest of the members, and must make such investigation on the vote of the Society at any regular or special meeting, and shall take such action as the Board shall deem proper. It shall have the right to coöperate with similar committees from other organizations whose purpose is for the betterment of social conditions." He further expressed the hope that the new officers and Board members would receive the wholehearted coöperation of the medical society during the coming year.

Mrs. Ruth Close, Executive Secretary of the San Mateo County Tuberculosis and Health Association, presented a sound film, titled *Diagnostic Methods in Tuberculosis*, which was enthusiastically received.

The guest speaker of the evening, Mr. Ross Marshall, Public Relations Counsel of the California Medical Association, was then introduced. Mr. Marshall outlined very clearly the work to be done by the Committee on Public Health Education prior to the next session of the legislature, with emphasis on, first, sound public health education and, second, the defeat of politically controlled health insurance measures which would seriously affect the public health of the people. Mr. Marshall supplied additional information in connection with the present status of the California Physicians' Service, and expressed the feeling that further success in the development of the Service was to be anticipated. There was some discussion following Mr. Marshall's address, after which the meeting was adjourned.

J. GARWOOD BRIDGMAN, *Secretary*.

### VENTURA COUNTY

The annual meeting and election of the Ventura County Medical Societly was held at the Saticoy on December 12, 1939, when the following officers were unanimously elected: H. E. Barker, president; James W. Moore, vice-president; A. A. Morrison, secretary-treasurer; and G. C. Coffey, alternate delegate.

Doctor Homer made a motion, seconded by Doctor Shore, that the Secretary send a letter of thanks to the Woman's Auxiliary for their coöperation in the recent election. The motion was unanimously carried.

Mr. William G. Ebersole, from the California Physicians' Service, addressed the members on the present status of that organization. The meeting then adjourned.

A. A. MORRISON, *Secretary*.

### YUBA-SUTTER COUNTY

The Yuba-Sutter County Medical Society held a dinner meeting on Tuesday, December 5, 1939, at 7 p. m., at the Hotel Marysville. A turkey dinner was enjoyed by the Society.

In the absence of President P. E. Thumen, the meeting was called to order by Vice-President B. F. Miller, the following members being present: Doctors Hoffman, Delamere, Loomis, Miller, Hamilton, Swift, Parkinson, Morris, Wisner, Higgins, Duncan, Whitney. Visitors: Doctors Sidney J. Shipman, Thomas G. Lupo, Harold R. Hennessy, Charles B. Kimmel, and Mr. William Ford Higby, Executive Secretary of the California Tuberculosis Association.

Membership applications of Dr. Thomas G. Lupo and Dr. F. B. Lawton were read before the Society by Doctor Miller and held over until the next meeting. . . .

The next business was the annual election of officers. Those elected were: B. F. Miller, president; Romayne B. Whitney, vice-president; Leon M. Swift, secretary-treasurer; Stanley Parkinson, delegate; and R. Lucian Hamilton, alternate.

Dr. Philip Hoffman then asked the Society for its opinion in the case of a malpractice suit in which he was advised to settle for $100.

Discussion followed by Doctors Loomis, Hamilton, Shipman, Miller, and Wisner—all voicing sentiment against settling any malpractice suit for a nuisance value.

The following motion was made by Dr. Neal M. Loomis, and seconded by Dr. R. Lucian Hamilton: Resolved, That no member of the Yuba-Sutter County Medical Society shall settle a (malpractice) suit for a nuisance value.

This motion having been discussed, was unanimously carried.

A balance of $5.80 in the treasury of the Inactive Study Club, which has not had a meeting during 1939, was reported.

It was also voted to again set the annual dues at $10 per member, and note was made that California Medical Association dues are $10 also.

Doctor Hennessy expressed thanks to the medical society for its coöperation with the County Health Unit, and also mentioned that some of the taxpayers are opposing him, while Sutter County is still pressing him to examine the public school children.

Dr. Philip Hoffman introduced a resolution that the Yuba-Sutter County Medical Society endorse the work of the Bicounties Public Health Unit.

Dr. Francis P. Wisner was next asked to introduce Mr. Higby, who spoke briefly for the California Tuberculosis Association. He was followed by the speaker of the evening, Dr. Sidney J. Shipman of San Francisco, who chose for his subject, *General Chest Diagnosis,* particularly from the physiologic standpoint. His address was well illustrated with clinical x-ray pictures.

Following the talk, Doctor Shipman conducted a clinic at the Yuba County Hospital, being assisted by Dr. Anthony Fratis, and presented several interesting cases.

* * *

The Yuba-Sutter Medical Society met on Tuesday evening, January 9, at eight o'clock, at the Hotel Marysville, Marysville.

President Ben F. Miller was absent at the appointed time, but the meeting was called to order by the vice-president, Dr. Romayne B. Whitney.

The Secretary's report, including the annual financial statement, was read and approved.

Routine and new business were transacted, including consideration of three new applications for membership. That of Dr. Harold R. Hennessy was passed favorably, and he was unanimously elected to membership in the Society. The other two applications were held over until the next meeting.

The members present included Doctors Parkinson, Gray, Hamilton, Thunen, Wisner, Duncan, Whitney, Miller, Swift, and Linstrum.

Visiting physicians present were Doctors Anthony Fratis, T. G. Lupo, and C. W. Barnett.

President Miller having arrived and taken the chair, called upon Dr. Harold R. Hennessy, Health Officer of Bicounties Public Health Unit, to discuss the venereal disease clinic, which is now being conducted at the Yuba County Hospital, and which, because of the increased amount of work entailed thereto, necessitates various changes and improvements being made. Doctor Hennessy mentioned that the State will furnish $600 toward the establishment of a venereal disease clinic, supervised by the Bicounties Public Health Unit, the personnel to direct such a clinic to be elected by the Yuba-Sutter County Medical Society. The members present then vigorously discussed the various phases of the clinic work in all its details.

A motion was made by Dr. P. E. Thunen, and seconded by Dr. R. Lucian Hamilton, that the Yuba-Sutter County Medical Society adopt the proposed plan as suggested by Doctor Hennessy, the new location of the clinic and personnel to be decided later. The motion was carried.

Reports of standing committees were submitted.

Doctor Wisner, reporting for the Medical Advisory Board for SRA and Agricultural Workers Health and Medical Association, stated that there had been some criticism because two physicians, whose names do not appear on the medical panels for these two groups, have been caring for patients. It was also brought to light that these two organizations accuse local physicians of attempting to drum up business by referring relatives of certified clients to call at the respective office and ask for medical care. It was stated, too, that these two relief organizations had asked physicians to write refill prescriptions, without being willing to issue an authorization for a consultation at a physician's office. Various discussion followed, in which evidence was elicited to show that some physicians were writing such prescriptions gratis, without further checkup, while other physicians refused to do this. All the points brought up and discussed were referred to the Committee, and President Miller asked them to bring in a report and recommendation at the next regular meeting. President Miller then called attention to the tuberculosis plan as outlined and forwarded to the Society members by Bicounties Public Health Officer, Dr. Harold R. Hennessy, and instructed the Committee to report on the next regular meeting.

Mention was made that Dr. Francis P. Wisner was called to, and did assist Doctor Lentz at the Sutter County Hospital in an emergency case of surgery, this being in direct opposition to a previous ruling by the Society. Doctor Wisner stated that he obtained permission from President Miller.

Doctors Parkinson, Whitney, and Hennessy discussed affairs of the well-baby clinic, Doctor Hennessy stating that those in charge were attempting to limit the clinic to patients in the low-income brackets.

Dr. Francis P. Wisner introduced the guest speaker of the evening, Dr. C. W. Barnett of the Stanford University Medical School, director of the antisyphilitic clinic, who spoke on *Treatment of Syphilis,* and illustrated his subject with lantern slides.

A buffet luncheon was served following the lecture, and the meeting was adjourned until the next regular meeting on February 6. LEON M. SWIFT, *Secretary.*

## CHANGES IN MEMBERSHIP

### New Members (26)

*Alameda County*

Percy H. Jennings, Jr.
Dorothy McDonald
Edmund H. Padden
Alexander Silverglade
Benton Van Dyke Scott

*Placer County*

John R. Topic
Charles M. Wood

*Sacramento County*

Pearson Kellogg

*San Francisco County*

J. Karl Beck
Harry J. Borson
Rafael P. Bricca
Evelyn Hart Case
Cavins Deter Hart
Frank H. Hatlelid
Elizabeth Shreve Hicks
Maurice E. Leonard
Frank W. Lusignan
William Edward Shea

*San Joaquin County*

Julius Zelman

*San Mateo County*

Herman Biermer
Thomas E. Farthing
Edward S. Schulze

*Santa Cruz County*

Lorin W. Denny
Ruth Frary
Jerome A. Ludden, Jr.

### Transfers (4)

Benton M. Colver, from Los Angeles County to Douglas County, Omaha, Nebraska.

James P. Donelan, from Los Angeles County to Calhoun County, Michigan.

Dorothy G. Sproule, from San Francisco County to Alameda County.

Grace F. Thomas, from Mendocino County to Ventura County.

**Resigned (2)**

Leonard Greenbaum, from Los Angeles County.
Frank Zelinsky, from Los Angeles County.

# In Memoriam

**Domann, Arthur Henry.** Died at Orange, December 7, 1939, age 60. Graduate of the College of Physicians and Surgeons, Los Angeles, 1911, and licensed in California the same year. Doctor Domann was a member of the Orange County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Ruggles, Howard Edwin.** Died at St. Helena, December 29, 1939, age 53. Graduate of Harvard University Medical School, Boston, 1913, and licensed in California the same year. Doctor Ruggles was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Teass, Chester James.** Died at Los Angeles, December 23, 1939, age 65. Graduate of Cooper Medical College, San Francisco, 1897. Licensed in California in 1898. Doctor Teass was a member of the San Luis Obispo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Wilson, Horace Plummer.** Died at Whittier, December 26, 1939, age 68. Graduate of Northwestern University Medical School, Chicago, 1896. Licensed in California in 1907. Doctor Wilson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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## OBITUARIES

### Howard Edwin Ruggles

**1886–1939**

"Rugg is dead . . ."

This tragic news dampened the festive holiday spirit of all who heard it. At the young age of fifty-three, at the height of his enviable career, coronary disease reached out to strike down another of our profession. He was a native of San Francisco, received his A. B. from Stanford University in 1907, and his M. D. from Harvard in 1913. During the war he was a captain in the medical corps of the army and roentgenologist at base hospital No. 30. At the age of twenty-seven he was appointed roentgenologist to St. Luke's Hospital, and the next year to the University of California Medical School. Both of these appointments were retained until his death. Since 1927 he had been clinical professor and head of the department in that institution. He was also chief consultant to Southern Pacific Hospital, Children's Hospital, Shriners' Hospital, and the U. C. Service at the San Francisco Hospital. He was a member of the American Medical Association, the California Medical Association, the American Roentgen Ray Society, and of the San Francisco County Medical Society.

His collaboration with Doctor Holmes of Boston produced a textbook in roentgenology, first edited in 1918 and reëdited several times since; for over twenty years it has been an outstanding volume not only in America, but in England and in other English-speaking countries. In 1936, with Dr. Miley Wesson, he wrote a book on urological roentgenology; his contributions to journals were numerous.

To have worked with him, thus really to know him, was a rare privilege. He needs no review of his ability; anyone in contact with him was cognizant of that. Roentgenology has lost one of its favorite scholars; American medicine has lost a true disciple of Hippocratic practice, and we, above all this, have lost a real friend. Howard went out of his way to help the recent graduate at the threshold of a career; his office in the Fitzhugh Building was more like a large family wherein his devoted employees remained with him on and on through the years. He was a dynamo of energy; he was never a fence-straddler; whatever he believed he spoke and defended, right or wrong, but rarely was he wrong. His sense of humor was ever prevalent, and when his hearty laughter rang out it was from a face verily wrinkled with mirth. For fully six years he had known of the circulatory danger ahead, but with courage and silence he faced it; his recent forced retirement irked him greatly, but he made the most of it in relaxation with his family and his lifelong hobby of photography.

Our society has sent its deep and understanding sympathy to his surviving wife and four sons.

If this once, a personal note has crept into an obituary, I beg indulgence. Through the years Howard Ruggles interpreted many films for us; futilely now I try to interpret him as many of us knew him.

"Memory is the guardian and treasury of all things."

H. M. F. Behneman, M. D.

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### Barton J. Powell, Sr.

**1873–1940**

Dr. Barton Jerome Powell was born at Eureka, Nevada, on September 4, 1873. His preliminary education was received at Boone's University School at Berkeley. Doctor Powell was graduated from the Jefferson Medical College at Philadelphia, Pennsylvania, in 1894. After graduating, he came to California and was licensed to practice medicine in 1895. He was at the Southern Pacific Hospital when it was located at Sacramento (for one year, under Doctor Huntington), and then settled in Eureka, California, where he practiced as a general practitioner for two years.

He then went to Europe and spent a year in the clinics of London and Vienna, where he had the advantage of studying in his chosen specialty. In 1900, Doctor Powell went to Stockton, California, and practiced continuously in that locality since. During his forty years' residence in Stockton, Doctor Powell earned and received many honors from the medical profession. He was a member of the San Joaquin County Medical Society, serving as its president; was a member of the California Medical Association, serving as chairman of the Eye, Ear, Nose, and Throat Section; was a Fellow of the American Medical Association. Doctor Powell was among the first practicing physicians in Stockton to be elected as a Fellow of the American College of Surgery. He was president of the Northern Eye, Ear, Nose, and Throat Society, a member of the California Academy of Medicine, a member and past president of the staffs of Saint Joseph's Hospital in Stockton and the San Joaquin General Hospital at French Camp. During the war he was a consultant for the Draft Examining Board.

In a long and busy professional career, Doctor Powell always found time to serve the poor and needy in the San Joaquin district, having for many years been on the staff of the Out-Patient Clinic of the San Joaquin General Hospital. In addition to the above activities, Doctor Powell was consulting oculist and aurist for the Southern Pacific and Western Pacific railroads for this district. Besides his

professional activities, he found time to participate in the social activities of Stockton, being a member of several lodges, clubs, and an active supporter of his church. Up until very recent years, he was an ardent lover of the outdoor life, taking many trips into the High Sierra. He found much relaxation from his practice in hunting and fishing.

The medical profession of Stockton feels the loss of Doctor Powell very keenly, for he was an active leader in every phase of organized and scientific medicine. Moreover, he always had time to discuss problems with his colleagues. There were few, if any, practicing members in this locality who had not been benefited from his sage counsel, both on medical problems and those apart from the practice of medicine. His advice was always wise and timely, based upon many years of experience both as a physician and as a man.

For many years he was associated with his brother, Dr. Dewey Powell, in the practice of ophthalmology and otolaryngology. In addition to his brother, Doctor Powell leaves his wife, Adelaide Powell, a son, Dr. Barton Powell, Jr., and a daughter, Mrs. Phil O'Connell.

Dr. Barton J. Powell passed away in Stockton, January 15, 1940. GEORGE H. ROHRBACHER.

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### Chester James Teass
### 1874–1939

Dr. Chester James Teass of San Luis Obispo died in Los Angeles on December 23, 1939, where he had gone for an investigation of his difficulty in swallowing. A mediastinitis developed rapidly and was the direct cause of his death.

Doctor Teass was born on October 26, 1874, in Warrington, Missouri. He was educated at Cooper (Stanford) Medical College, where he was graduated in 1897. He followed up his medical education by study in eastern clinics and abroad, and was for some time at the Crile Clinic, where his surgical ability won him recognition from the staff. His return to California was followed by appointment to the surgical direction of the hospitals of several large mining companies around Redding, where he settled and did work which attracted state-wide attention to his judgment and ability. At sectional meetings in Redding he presented the case of a man shot directly through the heart who survived through his skillful care, and his studies of goiter in that region were widely known.

In 1910 he came to San Francisco, where he was associated with Dr. George Somers of the gynecological department of Cooper College, and later taught one year in the University of California Medical School, and then in the San Francisco Polyclinic. Later he moved to San Luis Obispo, where he was chief of staff in the San Luis Obispo General Hospital for ten years, ending in 1937. He served as captain in several base hospitals during the war. His final illness was of rapid onset and progress.

Those who knew Chester Teass well found in him an indefatigable worker and student, with a most kindly heart beneath his impulsive manner. He was known for his generous spirit and great loyalty to his friends, and intolerance of anything small with which he came in contact. While distinctly an individualist, he was a good listener and a thorough student, and his fund of good stories from his vast experience, chiefly in his work with miners, should have been preserved in print. Not only did his great skill lead him to undertake work which most surgeons might have passed up, but his accounts of his thrilling experiences with the Indian and mining laborers won him a reputation as a perfect raconteur.

His death is a loss to the profession and the community, who will long remember his readiness to take on any responsibility or danger for the chance to benefit his fellow men. P. K. B.

## THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. FREDERICK N. SCATENA.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

### News Letter

We are proud to welcome two new county auxiliaries into our happy family circle, now numbering twenty-six county organizations.

The Woman's Auxiliary to the Sonoma County Medical Society was organized on November 16, with nineteen members present at their organization dinner. Thirteen charter members launched a Woman's Auxiliary to the Kings County Medical Society on December 11, 1939.

And so the year 1939 drew to a close with this additional proof of organization work well done. We wish for these two newest groups, as well as for the older tried and true units, every success and happiness in this new year.

MRS. WILLIAM C. BOECK, *Chairman on Publicity.*

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### Component County Auxiliaries

*Alameda County*

The November meeting of the Woman's Auxiliary to the Alameda County Medical Association was held on Friday, November 17, at the Claremont Country Club. Mrs. Robert Sutherland was receiving hostess. The president, Mrs. George Calvin, presided at the business meeting, following luncheon. Mrs. Stanley Truman, Auxiliary representative in the League of Women Voters, gave an interesting report.

Mrs. Roy Nelson introduced Mr. Elwood A. Stevenson, Superintendent of the School for the Deaf, who talked on *Educational Procedure with the Deaf Child.* Several children from the school demonstrated the method used.

The program closed with vocal duets by Mrs. Helen Dupuich and Mrs. Nina Hamby. Mrs. Lillian Anderson was the accompanist.

MRS. RENE VAN DE CARR, *Publicity Chairman.*

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*Fresno County*

The meeting of the Fresno Auxiliary, held on December 5, at 8 p. m., was a very successful one. It was a White Elephant-Bridge-Benefit-Hygeia party. About $55 was raised; and after the $14 was deducted for expenses there remained $40 with which to buy *Hygeia* subscriptions to put at advantageous places in Fresno County.

Everyone was asked to bring a white elephant, and during the evening the elaborately wrapped packages were passed from bridge table to table and each person picked her own. Everything from a broken vinegar cruet without a stopper to lovely linen gifts were unfolded to sight as the party progressed, and much fun was had by all.

The chairman was Mrs. Charles H. Ingram, and her committee members, Mesdames Walter J. Avery, Elmer J. Schmidt, Ernest Aronstein, R. W. Dahlgren, all of Fresno;

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

Norman L. Knott of Coalinga, Robert W. Binkley of Selma, Ewald A. Larson of Kingsburg, J. H. Humphreys of Sanger, H. W. Pasley of Reedley, and Clayton Pendergrass of Clovis.

The president and the past presidents received the guests.

FLORENCE H. VANDENBURGH,
*Publicity Chairman.*

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*Kings County*

Mrs. Harry O. Hund, State Chairman of Membership and Organization, reports that on December 11, 1939, one of the doctors called a meeting of the women in Kings County eligible to membership in the Woman's Auxiliary. She was present at the meeting, and assisted the following members to organize the *Women's Auxiliary to the Kings County Medical Society:* Mesdames E. C. Bond, W. R. Bridgman, W. F. Chamlee, W. A. Johnstone, Paul L. Murphy, C. T. Rosson, C. T. Rosson Jr., E. M. Scott, A. S. Torrens of Hanford; W. P. Byron, B. H. Pratt, J. P. Young of Lemoore; F. W. Knight of Corcoran.

Officers selected to direct their activities this first year are: Mrs. C. T. Rosson Jr., president; Mrs. J. P. Young, vice-president; Mrs. W. P. Byron, secretary-treasurer; Mrs. C. T. Rosson Sr., Program Chairman; Mrs. F. W. Knight, Publicity Chairman; Mrs. B. H. Pratt, Public Relations Chairman; and Mrs. A. S. Torrens, *Hygeia* Chairman.

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*Los Angeles County*

The Woman's Auxiliary to the Los Angeles County Medical Association entertained its members and Board of Directors at a Christmas tea at the home of Mrs. E. Eric Larson on December 19. The tea table was beautifully arranged, and Christmas decorations gave the house a very festive air. The occasion marked the tenth anniversary of the Woman's Auxiliary, and the guests of honor were the past presidents of the organization: Mesdames James F. Percy, Philip Schuyler Doane, A. Bennett Cook, Clifford A. Wright, Eliot Alden, and William H. Leake. Mrs. Rollo N. Packard of Chicago, National President of the Woman's Auxiliary, was a special guest. Members of the Board took turns at pouring during the afternoon.

MRS. WILLIAM BENBOW THOMPSON.

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*Monterey County*

The Woman's Auxiliary to the Monterey County Medical Society sent a group of its members to meet with doctors' wives of San Benito County to discuss plans for forming an auxiliary in that county.

The group met at the home of Mrs. L. E. Smith. Mrs. Harry O. Hund of San Rafael, First Vice-President of the State Auxiliary, was present to explain the aims and activities of the organization.

The Hollister group decided to affiliate temporarily with the Monterey County Auxiliary, and held their first joint meeting on December 7, 1939, at Santa Lucia Inn, Salinas. Mrs. Smith was named chairman of the San Benito group.

There were seven Peninsula members present.

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Mrs. Martin McAulay arranged the dinner meeting and program which the Woman's Auxiliary of Monterey County had on Thursday, December 7, at Santa Lucia Inn, Salinas.

The program centered around the magazine *Hygeia,* and the speakers were: Miss Kay G. Smits of Carmel, whose subject was *The History of Blood Transfusions*; Miss Julia Koenecke of Salinas, who traced the *History of Treatment for Cholera*; and Mrs. Spencer Hoyt of Pacific Grove who, under the topic of *Environment and Heredity,* spoke on "Where Do We Get Our Brains?"

There were eleven members and two guests present.

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To raise funds for their work in the children's ward at the County Hospital, the Auxiliary gave a benefit dessert bridge party on Thursday, January 11, in the Salinas Civic Club.

MRS. WILLIAM F. COUGHLIN,
*Publicity Chairman.*

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*Sacramento County*

The Woman's Auxiliary to the Sacramento Society held its annual Christmas party on Tuesday evening, December 19, at the home of Dr. and Mrs. George Spencer. Entertainment consisted of Christmas plays, songs and readings by members of a dramatic school. The doctors joined the party, following their meeting. An amusing and generous Santa Claus distributed gifts to all.

Mrs. Gustave Wilson was program chairman. One hundred members and guests attended.

MRS. PAUL GUTTMAN, *Publicity Chairman.*

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*San Diego County*

On December 21, 1939, the Woman's Auxiliary to the San Diego County Medical Society met at the University Club. The president, Mrs. William Cooke, presided.

There were seventy-eight members present and several visitors, among whom were Mrs. Harry Huffman, District Councilor; Mrs. Edward Russell, President, and Mrs. L. E. Wilson, First Vice-President, both of the Santa Ana Auxiliary.

The highlight of the program was an amusing play, entitled *Mother's Vacation,* written by Mrs. Willard Newman and produced by Mrs. Frasier McPherson. The cast consisted of members and two of their charming children.

IVA O'HARA, *Secretary.*

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*San Francisco County*

Outstanding in the programs of the year for the Woman's Auxiliary to the San Francisco County Medical Society will be the demonstration to be given on January 16, at 1:30 p. m. at the Auxiliary's headquarters, 2180 Washington Street.

Mrs. Edmund J. Morrissey, President, has arranged to have repeated in San Francisco a program of the California School for Deaf at Berkeley, which she heard at the November meeting of the Woman's Auxiliary of the Alameda County Medical Society. Mr. Elwood A. Stevenson, Principal of the School, with the assistance of a teacher, will have children of the school give demonstrations of how mutes deaf from birth, and other deaf children, are taught to speak and understand when spoken to. It is a program which is unusually interesting, and informative in its presentation about a subject generally unknown and often misunderstood.

Following the meeting, tea will be served. Mrs. Frank Rodin and Mrs. Louis Roncovieri will be the Board members heading the Tea Committee of thirty member hostesses.

ETHEL ANN SWETT, *Publicity Chairman.*

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*Santa Cruz County*

The Woman's Auxiliary to the Santa Cruz County Medical Society met at the Watsonville Woman's Club on Friday, January 5. Mrs. F. P. Shenk presided. At the conclusion of the business meeting, Doctor Kerr of the

University of California gave a stimulating lecture, entitled *Fair, Fat, and Forty.*

Final arrangements were made for a "Good Will" party (with the dentists' and the attorneys' wives) to be held at the Rio del Mar Country Club on January 22.

MRS. R. C. ALSBERGE, *Publicity Chairman.*

*Sonoma County*

The organization meeting of the Woman's Auxiliary to the Sonoma County Medical Society was held on November 16, 1939, at the Cotati Inn, Cotati. The meeting itself followed an enjoyable dinner, through which many of the women became really acquainted, after perhaps only "knowing of one another" for some time.

Mrs. H. O. Hund, Vice-President of the State Auxiliary, and Mrs. Mabel Tyler of San Rafael, were guests of the group for the evening. Mrs. Hund spoke in detail of the history and present status of both the National Auxiliary and the Woman's Auxiliary to the California Medical Association. She spoke of the approval by the medical profession of woman's auxiliaries, of the aims and purposes of the Auxiliary as a whole, and of the many functions of work undertaken by various county groups, naming several large projects in some of the more progressive counties.

Mrs. E. T. Noall of Santa Rosa, Chairman of the Parliamentary Committee, submitted the Constitution which the Committee had compiled; and, after corrections and additions, the motion carried that the Constitution be sent to the State Parliamentarian for approval. Mrs. D. C. Oakleaf of Healdsburg, Chairman of the Nominating Committee, presented names for officers, and the following were elected: Mrs. E. D. Barnett of Santa Rosa, president; Mrs. R. S. Quinn of Santa Rosa, vice-president; Mrs. L. W. Hines of Santa Rosa, secretary; Mrs. A. G. Lumsden of Petaluma, treasurer. Mrs. Barnett then presided and, after the signatures of those intending to join the Auxiliary were obtained, the meeting was adjourned.

Present at this organization meeting were: Mesdames D. C. Oakleaf and J. T. Rose of Healdsburg; Henry Rogers, A. G. Lumsden, M. L. Lewis, J. G. Anderson, of Petaluma; B. B. Bachelder of Sebastopol; C. M. Carlson, T. E. Albers, E. D. Barnett, L. W. Hines, E. T. Noall, R. S. Quinn, W. C. Shipley, J. F. Thurlow, R. L. Zieber, B. L. Zinnamon, Margaret B. Rogers, Sandra Torgenson, of Santa Rosa. Also Mrs. H. O. Hund and Mrs. Mabel Tyler of San Rafael. MRS. L. W. HINES, *Secretary.*

*Tulare County*

The monthly meeting of the Woman's Auxiliary to the Tulare County Medical Society was held on January 7, at Visalia, in the Johnson Hotel. After dinner Mr. John Taylor of Reedley gave a very interesting talk on *Albania.* Later, an informal discussion was held.

AGNES L. PARKINSON, *Corresponding Secretary.*

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*Risk of Primary Infection Is Great Among Tuberculosis Workers.*—The risk of primary tuberculosis infection among those engaged in the care of patients with this disease is emphasized by the exceptionally high infection rates among such workers in Minneapolis and St. Paul, which are cited in *The Journal of the American Medical Association* by C. A. Stewart, M.D., F. E. Harrington, M.D., J. A. Myers, M.D., R. E. Boynton, M.D., P. T. Y. Chiu and T. L. Streukens, Minneapolis.

Examining various groups of nurses and medical students, the investigators found that the rate of primary infection ranged from 19.8 per cent annually for 344 student nurses who spent three years in hospitals with six weeks devoted to training in special tuberculosis wards, to 115.4 per cent, computed on an annual basis, for 158 nurses who gave negative tuberculin reactions immediately before they undertook a tuberculosis service of six weeks' duration. These figures are contrasted with an annual primary infection rate of 0.8 per cent among 1,278 children and of 1.6 per cent in 1,192 of their parents. Among a group of 276 student nurses who reacted negatively to the tuberculin test at the time they started a three-year course of study in local private hospitals that maintain no beds for tuberculosis patients, the rate of infection was 10.1 per cent annually. This rate is approximately twelve times that observed for the Minneapolis children mentioned above. It is interpreted as evidence that a relatively high risk of acquiring infection with tubercle bacilli confronts nurses during their training in hospitals that knowingly admit few or no tuberculosis patients.

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*Many Ureteral Stones Pass Unaided.*—About one-third of ureteral calculi, or stones in the urinary canal leading from the kidney to the bladder, will pass without operative or manipulative procedures, Gershom J. Thompson, M. D., and John M. Kibler, M. D., Rochester, Minnesota, state in *The Journal of the American Medical Association.*

"In approximately the same number," they say, "the passage of stone-extracting instruments from the outside into the ureters is justified and advisable; for the other third surgical methods seem best.

"If the case is suitable for the use of a metallic stone extractor, this instrument will readily enter the ureter and quickly engage the stone. Repeated attempts to engage the stone should be avoided, for they will usually result in ureteral injury and lead to complications.

"In the large majority of cases the opinion of a specialist in urinary diseases should be obtained before a decision is made as to the course of treatment which should be instituted for a patient with ureteral calculus."

As yet no procedure to prevent or to anticipate the formation of these stones is known. Some of the causes for their formation which have been advanced are: vitamine deficiency, urinary stagnation and infection, and infection of the kidney.

"The validity of any of these being the causative factor in rare cases is indisputable," the authors say, "but for the large majority of cases there is still no satisfactory explanation."

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*Cotton Thread for Stitching Wounds.*—Regular cotton thread is a satisfactory material for the suturing or stitching of surgical wounds, William H. Meade, M. D., and Alton Ochsner, M. D., New Orleans, report in *The Journal of the American Medical Association.*

After sterilizing it by boiling or under steam pressure they used cotton thread in 196 operations. Uncomplicated healing of the wounds occurred in 191 instances.

In discussing the relative value and strength of cotton as compared with other sutures, Doctors Meade and Ochsner state: "When boiled for twenty minutes, cotton thread increases 10 per cent in tensile strength, whereas silk changes but little. When placed in tissue it loses only 10 per cent of its tensile or maximum stretching strength in fourteen days, whereas catgut loses from 50 to 70 per cent and silk 35 per cent.

"Because of its availability and the ease with which it can be sterilized, cotton thread would be a very satisfactory suture in field hospitals in wartime."

# MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

## NEWS

### Coming Meetings.

*American Medical Association,* New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

*California Medical Association,* Hotel del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

*Association of Western Hospitals,* Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

### Medical Broadcasts.*

**American Medical Association Broadcasts: "Medicine in the News."**—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast; thirty weeks; opened on November 2, 1939; facts, drama, entertainment, music.

*Pacific States:*

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|---|---|---|---|
| KECA | Los Angeles | KTMS | Santa Barbara |
| KFSD | San Diego | KEX | Portland |
| KGO | San Francisco | KJR | Seattle |
| | KGA | Spokane | |

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*Los Angeles County Medical Association.*

The radio broadcast program for the Los Angeles County Medical Association for the month of February is as follows:

Saturday, February 3—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 7—KECA, 11:15 a. m., The Road of Health.

Saturday, February 10—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 14—KECA, 11:15 a. m., The Road of Health.

Saturday, February 17—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 21—KECA, 11:15 a. m., The Road of Health.

Saturday, February 24—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, February 28—KECA, 11:15 a. m., The Road of Health.

**Bacteriophage Research Aided by Grant from Foundation.**—A thirteen-year-old study of bacteriophage, aimed at learning more about the filterable viruses which cause such diseases as infantile paralysis, yellow fever, and smallpox, has been rescued from possible termination by a grant of $2,430 from the John and Mary R. Markle Foundation, New York City, it was announced recently by the Regents of the University of California.

**Cyclotron: Many Uses of Radio-Active Substances Told.**—The many uses to which the University of California cyclotron are being put in the effort of science to combat human diseases and build a sturdier and more productive plant life, have been outlined by Dr. John Lawrence, who directs the distribution of the cyclotron's output.

The greater portion of this output appears to be going toward medical uses, both clinical and experimental, Doctor Lawrence's paper shows. The radio-active forms of sodium, chlorin, potassium, bromin, and iodin are being used on patients suffering from Cushing's disease, Addison's disease, and various forms of thyroid disease. Radio-active sodium, taken in solution by mouth, is capable of reaching the fingers within two minutes, and being registered there by the Geiger counter.

Radio-active phosphorus appears to be the most extensively used radio-isotope. It can be made in large quantities in the cyclotron and is used both as a tracer and therapeutic agent. It has accounted for differences in the phospholipid metabolism of different kinds of animal tumors, and its range extends to the teeth where it is achieving new determinations in phosphorus absorption.

In the treatment of certain malignancies it has been found that the dangers of internal radium therapy can be avoided by the use of radio-active phosphorus, and results thus far tend to show that it will prove a valuable adjunct in the treatment of such malignancies. Radio-iron is proving its worth, experimentally at least, in the treatment of pernicious anemia, this work being carried on at the University of Rochester.

While Doctor Lawrence does not enlarge upon the uses of these radio-active substances in plant life, they are many and varied. A significant soil test is being made with radio-active phosphorus by the University of Hawaii. The use of radio-active carbon by the University of California department of chemistry is throwing new life on the formation and composition of plant molecules, an indispensable factor in both plant and animal life.

**Study of Nursing Care: California State Nurses' Association.**—The California State Nurses' Association is making a survey of resources in the state for nursing services, as a part of a nation-wide study being conducted by the American Nurses' Association.

This survey is being made to determine what facilities are available and how these are being used to meet the needs for nursing care in each community.

Hospitals, physicians, registries, and the public will be asked to assist with the study by filling in short questionnaires which will provide information as to the various classes of workers employed in caring for the sick and infirm in hospitals, related institutions, and homes.

There has long been a need for more facts on provisions for nursing service. It is hoped this information will be secured through the survey and may serve as a guide in future plans to make nursing services more readily available.

Questionnaires will be mailed to physicians early in February.

A summary of the findings will be made available for the county medical societies whose members participate in the study.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

**Van Meter Prize Award on Thyroid Gland Problems.** The American Association for the Study of Goiter again offers the Van Meter Prize Award of Three Hundred Dollars and two honorable mentions for the best essays submitted concerning the original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association which will be held at Rochester, Minnesota, on April 15, 16, and 17, provided essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed three thousand words in length; must be presented in English; and a typewritten double-spaced copy sent to the corresponding secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not later than March 15.

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**Industrial and Public Health Nursing Courses.**—The University of California Extension Division announces a new course in industrial hygiene, planned primarily for graduate nurses engaged or interested in industrial or public health nursing, to begin on Wednesday, March 6, at 7 p. m., at the Oakland Extension Center, 1730 Franklin Street.

Dr. Robert T. Legge, formerly University physician and in charge of Cowell Memorial Hospital at the University of California, will be in charge of the course and will cover the various health hazards in industry and the organization of industrial health measures.

The course will consist of fifteen weekly two-hour sessions. The enrollment fee for the course is $12. An annual registration fee of $1 is charged for the first course taken during the academic year. No fee is necessary for additional courses.

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**National Conference on Medical Service.**—The 1940 program of the National Conference on Medical Service (formerly Northwest Regional Conference) will afford an opportunity for doctors of medicine throughout the United States to exchange ideas and obtain sound practical information on medical economics for the good of the profession and the public.

At the fourteenth annual meeting, to be held at the Palmer House, Chicago, Sunday, February 11, 10 a. m. to 4:30 p. m., a round-table on "Group Medical Care and Group Hospitalization Programs" will be presented. Invited to participate are: Doctors R. L. Sensenich, South Bend, Indiana; Carl F. Vohs, St. Louis, Missouri; Henry R. Carstens, Detroit; George H. Kress, San Francisco; and D. H. McA. Pyle of New York City.

"Allocation of Federal Funds to States" will be presented by Dr. R. G. Leland of the American Medical Association Bureau of Medical Economics. The discussion leader on this topic will be Dr. William F. Braasch of Rochester, Minnesota.

Dr. Morris Fishbein and Dr. Edward J. McCormick of Toledo will discuss "Effective Public Relations."

For the round-table on "Medical Welfare Programs" the following have been invited to participate; Doctors Hilton S. Read, Atlantic City; C. H. Phifer, Chicago; Creighton Barker, New Haven, Connecticut; Ernest E. Shaw, Indianola, Iowa; and R. C. Williams, Washington, D. C.

Paul G. Hoffman, President of the Studebaker Corporation, has been invited as guest speaker at the noonday dinner meeting.

All members of the American Medical Association are cordially invited to attend the Conference. No registration fee or dues.

Dr. L. Fernald Foster of Bay City, Michigan, is president, and Dr. Forest L. Loveland of Topeka, Kansas, is secretary of the Conference.

**American Board of Obstetrics and Gynecology.**—The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, New Jersey, on June 8, 9, 10, and 11, 1940, immediately prior to the annual meeting of the American Medical Association in New York City.

Application for admission to Group A, Part II, examinations must be on file in the secretary's office not later than March 15, 1940. Formal notice of the time and place of these examinations will be sent each candidate several weeks in advance of the examination dates. Group A, Part II, candidates will be examined on June 8 and 9, and Group B, Part II, on June 10 and 11, 1940.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, (6) Pennsylvania.

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**Public Health League of California.** — The annual meeting of the Northern District of the Public Health League of California was held on Thursday evening, February 8, at the Veneto Restaurant, 389 Bay Street, in San Francisco.

The Nominating Committee submitted the following recommendations for officers of the Northern District: Glenn F. Cushman, M. D., president; Ernest Sloman, D. D. S., vice-president; Francis Rochex, M. D., Secretary; Chester W. Johnson, D. D. S., treasurer, all of San Francisco.

Councilors (7): George I. Dawson, M. D., Napa; Harry B. Hambly, D. D. S., San Francisco; Hans L. Hartman, M. D., Modesto; Homer E. Marston, M. D., San Rafael; John H. Pettis, M. D., Fresno; Mervyn L. Perkins, D. D. S., San Francisco; David A. Wood, M. D., San Francisco.

Auditor: Henry Gibbons, III, M. D., San Francisco.

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**American College of Surgeons.**—The western sectional meeting was held in Los Angeles on January 29, 30, and 31.

EXECUTIVE COMMITTEE ON LOCAL ARRANGEMENTS

Verne C. Hunt, chairman, Los Angeles; E. Eric Larson, secretary, Los Angeles; Harold L. Thompson, assistant secretary, Los Angeles.

CHAIRMEN OF SUBCOMMITTEES

*Advisory.*—William H. Kiger, Edward M. Pallette, Clarence G. Toland.
*Scientific Exhibits.*—Alvin G. Foord.
*Program.*—Charles T. Sturgeon.
*Clinics.*—Wayland A. Morrison.
*Cancer.*—Maurice Kahn.
*Fractures.*—John Dunlop.
*Eye.*—A. Ray Irvine.
*Ear, Nose and Throat.*—J. MacKenzie Brown.
*Public Relations.*—E. Vincent Askey, Frank J. Breslin, Paul A. Quaintance, Mr. Stanley K. Cochems.
*Registration.*—Edward C. Pallette.

Eleven local hospital staffs arranged for surgical clinics and pathological conferences. A most extensive program of group conferences and panel discussions was offered. The group of distinguished surgeons and hospital authorities who participated in the program included:

Frank E. Adair, New York; Millard F. Arbuckle, St. Louis; Harold Brunn, San Francisco; Thomas O. Burger, San Diego; Bowman C. Crowell, Chicago; Ray K. Daily, Houston; Claude F. Dixon, Rochester, Minnesota; Charles A. Dukes, Oakland; E. R. Dumke, Ogden, Utah; Harold Earnheart, Chicago; William J. Engel, Cleveland; Paul C. Flothow, Seattle; Edwin C. Hamblen, Durham, North Carolina; Emile Holman, San Francisco; Edward Jackson, Denver; Herman W. Johnson, Houston; Malcolm T. MacEachern, Chicago; John O. McReynolds, Dallas; Joseph L. McCool, San Francisco; George P. Muller, Philadelphia; Howard C. Naffziger, San Francisco; E. Payne Palmer, Phoenix; Max Minor Peet, Ann Arbor; George W. Pierce, San Francisco; Ralph Richards, Salt Lake City; A. D. Ruedemann, Cleveland; Charles L. Scudder, Boston; James L. Stewart, Boise; Horace J. Whitacre, Tacoma; John Homer Woolsey, Woodland.

**Infantile Paralysis Research Grant Made to University of California.**—An investigation of the exact relationship between human infantile paralysis and a disease of farm stock known as equine encephalomyelitis is to be undertaken at the Hooper Foundation for Medical Research on the San Francisco campus of the University of California. In making this announcement, President Robert G. Sproul made it known that the National Foundation for Infantile Paralysis, Inc., has donated $13,800 for the work, about one-fifth of the funds it has available for this year.

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**Microfilm Sets of Periodicals.**—The Committee on Scientific Aids to Learning, President Conant of Harvard, chairman, has made a grant to cover the cost of making a microfilm master negative, on the most expensive film, of sets of volumes of scientific and learned journals.

This permits the nonprofit Bibliofilm Service to supply microfilm copies at the sole positive copy cost, namely, one cent per page for odd volumes, or a special rate of one-half cent per page for any properly copyable ten or more consecutive volumes.

The number of pages will be estimated on request to Bibliofilm Service, care of United States Department of Agriculture Library, Washington, D. C.

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**New York University: Course in Syphilis.**—The next session of the Postgraduate Course in Syphilis at New York University College of Medicine will start on January 29 and will continue for eight weeks on a full-time basis. As the work will be given under grants from the United States Public Health Service and the New York State Department of Health, no tuition fee is to be charged.

The course will include didactic and clinical work in the pathology, diagnosis, and treatment of syphilis, prenatal and congenital syphilis, laboratory procedures, and control measures. The public-health aspects of the disease will also be presented, and there will be opportunity for field work.

Graduates of recognized medical schools are eligible for admission on approval by the committee in charge. Further details may be obtained from the office of the assistant dean, 477 First Avenue, New York, N. Y.

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**Trudeau School of Tuberculosis.**—The Trudeau School of Tuberculosis, which for twenty-five years has been held usually in May and June of each year, will present its 1940 session beginning on September 9 and closing on October 4 at Saranac Lake, with the supplementary (and optional) course at Bellevue Hospital, New York City, October 7 to 19.

The change has been made, with regret, to avoid conflict with the important annual meetings of the National Tuberculosis Association, American Association for Thoracic Surgery and American Medical Association, all of which will be held in June when the Trudeau School course would normally be presented. It will permit prospective students, as well as members of the faculty of the School at Saranac Lake and in New York, to attend the medical meetings without interference by the work of the Trudeau School.

Enrollments for the September October session are now being received. Application should be made to Roy Dayton, Secretary, Saranac Lake, New York.

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

### Birthday Gift*

The President is going to reverse the usual order this year and send Congress a gift on his birthday, January 30.

It will consist of a special message urging a $10,000,000 appropriation for the construction of twenty-five hospitals in various parts of the country to be designated by the Public Health Service and the American Medical Association. He went out of his way to choose his birthday to submit this plan, and will describe it as the first step in an ultimate nation-wide health insurance program.

The President also will emphasize in his message that while the Federal Government should take the initiative in building the hospitals, the localities must maintain them.

Surgeon General Thomas Parran tried to persuade him to recommend a certain amount of Federal aid for upkeep. Parran proposed $1 per day per patient. But Roosevelt rejected this.

"Nope, that's out," he told the Interdepartmental Health Program Committee headed by Miss Josephine Roche. "It's all right for the Government to build them, but the localities must operate them. We want to tie the localities directly up to these hospitals so that they will have a personal interest in them."

*Note:* Significantly, at the conclusion of the conference the President directed Miss Roche to continue work on formulating a national health insurance program, even though there is no chance of passing anything of this nature at the present session of Congress.—San Francisco *Chronicle*, January 26, 1940.

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### Forced Sickness Insurance Opposed by Mrs. Roosevelt

Washington, January 9.—Mrs. Franklin D. Roosevelt, who has frequently called attention to the health needs of the underprivileged, said yesterday she is opposed to compulsory sickness insurance.

Any medical program enacted by Congress should be tried out on a voluntary basis before the American people are asked to approve it, the President's wife declared. She said she was generally opposed to anything "compulsory," requiring any group to do something of which it does not approve. . . .

There are no funds earmarked in the new 1941 Federal budget for either the Wagner program or the President's more modest proposal for Federal construction of medical centers in counties where hospital facilities are now lacking. Mr. Roosevelt, however, has explained that money for his program could be found in the general public work fund. . . .

The President's wife told reporters she hoped very much that no program would be adopted by Congress until it has broad professional backing and does not represent only one group.

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### Birth Control Survey†

*Seventy-Seven Per Cent Approve, Institute Says*

Princeton, N. J., January 25.—With the adoption by South Carolina of a plan for birth-control education as a regular part of its public health service, the American Institute of Public Opinion has conducted a survey to test public sentiment on extending this plan elsewhere.

Although birth-control clinics sponsored by private organizations have been operating in many states, South Carolina is the second state to furnish birth-control information in its public health clinics, and a formal announcement was made this week at the annual meeting in New York of the Birth Control Federation. The birth-control education plan was first adopted by North Carolina health clinics two years ago.

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### State Pensions

Sacramento, January 31 (UP).—A total of 133,949 aged persons, 39,560 needy children, and 6,846 blind persons received Social Security payments amounting to $5,460,399 during December, Director of Social Welfare Martha A. Chickering reported today.

In San Francisco County 10,185 aged, 3,345 children, and 517 blind received a total of $439,539.

For the state as a whole, old-age pension payments averaged $32.97; allotments to children, $18.05; and to the blind, $48.17. The state, counties, and Federal Government coöperate in the Social Security payments.

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* By Drew Pearson and Robert S. Allen.

† By George Gallup, Director, American Institute of Public Opinion.

The institute put before its voters this issue:

"Would you approve or disapprove of having Government health clinics furnish birth-control information to married people who want it?"

The vote of those with opinions was:

*Approve* ..... 77%
*Disapprove* ..... 23%

Eleven per cent expressed no opinion.

***The institute has on this issue, as on many other questions of social importance, attempted to measure trends of sentiment in recent years. Taking no sides on any issue, its function is solely to report the facts about public opinion.***

The study found a higher favorable vote among young persons than among those in the older age groups. Thus, 65 per cent in the age bracket 50 years and over voted approval of furnishing birth-control information in public health clinics, as compared to a vote of 85 per cent among persons under 30 years of age.

No great difference of attitude was found by economic groups. Both the upper income level at one extreme, and persons on relief at the other extreme voted approximately 8-2 in favor of birth-control service through the health clinics.

Voters who expressed their disapproval cited three main reasons: (1) That birth control is a private matter and should not be the concern of the Government, (2) that the practice or spread of birth control is contrary to religious principle, and (3) that it will lead to "race suicide." One voter's comment, typical of many, was: "Those who need it most wouldn't use it, and others shouldn't."—San Francisco *News*, January 25, 1940.

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### United States Grants to Hospitals

*Roosevelt Studies Health Plan*

Washington, D. C., Dec. 22.—President Roosevelt, declaring that the Wagner health bill and the Harrison education bill were too costly and discriminated against poor states, said today he was considering a less expensive plan for outright Federal grants to needy communities for hospital construction.

The Chief Executive told a press conference he was studying the idea with public health officials and members of the American Medical Association with a view to asking Congress that it be tried out first in localities now in need of medical centers and without funds to build them.

From WPA Fund

The cost, he said, would be comparatively low and most of the money would come out of the WPA appropriation. The chief trouble with the Wagner and Harrison measures, he added, was that they required State matching of Federal grants, which would mean that only the wealthier states would benefit.

The bill of Senator Wagner (Democrat-New York) authorizes an appropriation of $80,000,000 the first year, and gradual increases in succeeding years, for grants to states for hospitals and general health programs. That of Senator Harrison (Democrat-Mississippi) provides an outlay of $540,000,000 over five years for building of schools.

President Roosevelt said his hospital plan was not a substitute for the Wagner proposal, but was simply an initial step that could be put through the coming session without waiting for a general plan for the nation.

Big States Out

He indicated that if it worked it might be carried out with respect to schools in poorer sections, but that states like New York and Illinois could not expect any Government handouts for such purpose.

The discussion followed a question whether the President's interdepartmental committee on health and welfare had been revived and whether Josephine Roche, of Colorado, had reassumed its chairmanship. The President said Miss Roche had wanted to resign, but that he had prevailed upon her to stay. He said he had asked the group, whose recommendations formed the basis for the Wagner bill, to continue its present studies and also to look into the hospital construction plan.

Log-Rolling Bait

The hospital grants, he said, would be allocated on condition that benefiting communities were financially able to maintain the buildings and were in a position to administer them efficiently.

Public health officials and a group of private doctors would pick the locations to prevent log-rolling by members of Congress to have the institutions built where they were not needed. When a reporter commented that the plan was a "natural for log-rolling," the President observed that Congress would have the right to do its own selecting but he added that the other method would be more practical.

The PWA, now being liquidated, would supervise the program and WPA labor would be utilized as far as possible.

The President said some doctors had informed him of the need of hospitals in certain communities in the Middle and far West and and the South and had told him that they could be provided for about $150,000 each.—San Francisco *Examiner*, December 23, 1939.

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### San Francisco Hospitals

*Strike Voted by Membership*

A strike against eleven leading San Francisco hospitals was authorized last night by the membership of the Hospital and Institutional Workers, Local 250. The vote was 224 to 31.

Any immediate closing of the hospitals was not threatened, however, inasmuch as the strike must first be sanctioned by the San Francisco Labor Council.

Arthur Hare, president of the hospital workers, said he would place the matter on the floor of the council Friday night. He said the union would seek an immediate meeting with the Hospital Conference, representing the managment of the hospitals.

Wages constitute the principal demand: A $7.50 universal monthly increase is sought. The present scale is $90 monthly for male employees and $85 for women.

Hospitals involved are Franklin, French, St. Luke's, St. Joseph's, St. Mary's, Mary's Help, St. Francis, Children's, Mt. Zion, Dante and Stanford.—San Francisco *Chronicle*, January 9, 1940.

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### San Mateo Will Study Hospital

Investigation of the tuberculosis pavilion at San Mateo County's Community Hospital, with a view to possible construction of a new county hospital, was begun today by Dr. E. A. O'Neill, chairman of the County Board of Health and Welfare.

County Executive Frederick Peterson suggested the investigation after a personal study of the hospital and following a report of the United States Public Health Service which criticized location of the present tuberculosis pavilion and recommended it be abandoned.

The hospital, the health service report said, lacks a case finding program, houses many advanced patients with others less advanced and has difficulty getting properly warmed food to patients because of the pavilion's distance from hospital kitchens.—San Francisco *News*, January 4, 1940.

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### Million-Dollar Gift Offered

*Samarkand Hotel Due to Become Haven for Paralysis Sufferers*

Santa Barbara, Jan. 9.—Mrs. Alma De Bretteville Spreckels Awl has offered as an outright gift to the National Infantile Paralysis Association her $1,000,000 Samarkand Hotel property on the outskirts of Santa Barbara. It is proposed to establish there such an institution as has brought cure and comfort to hundreds of afflicted youths at Warm Springs, Georgia. . . .

Formal Proffer

Formal proffer of the gift, it was disclosed today, will be made by Mrs. Awl at a luncheon in San Francisco which will be attended by members of the board of the national association. Santa Barbara will be represented by Dr. Walter Scott Franklin, former United States Senator Thomas M. Storke, Mayor Patrick J. Maher and Elmer Awl.

Tonight at Doctor Franklin's Walora Rancho in the Goleta hills members of the regional branch of the national association are meeting to discuss local coöperation in the transformation of the hotel property into a sanitarium. It is pointed out that the establishment of a western sanitarium for infantile paralysis patients will have stimulating effect on the forthcoming "March of Dimes" campaign and on the benefit balls which will be held in the West.

$200,000 Expended

Mrs. Awl long has been interested in child welfare and health. When she found the continued operation of Samarkand as a hotel called for too much of her individual attention, she looked about for a humanitarian use for the property on which she had expended $200,000 for improvements in recent years to raise its value over the $1,000,000 mark. . . . —Los Angeles *Times*, January 10, 1940.

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### Doctor Askey to Head Board of Education

Reports circulated through the Board of Education headquarters today that Dr. E. Vincent Askey, physician mem-

ber of the board, will be elected to succeed Clarence W. Pierce as president of the body.

Doctor Askey is expected to serve his last year of his four-year term, ending in 1941, as president. He at one time was secretary-treasurer of the Los Angeles County Medical Association.

Currently chairman of the board's committee of the whole, Doctor Askey has gone on record strongly in favor of a present board regulation making it mandatory for every teacher who has been absent for more than ten days to show a certificate from the school health division before resuming class work.

Instructors have vigorously protested the ruling, claiming that a health certificate from a private physician is sufficient for reinstatement.

A special hearing on the subject will be held next Monday night.—Los Angeles *Herald and Express*, January 5, 1940.

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### Rap Nurse Shortage in Probe

*Board to Act on General Hospital Jury Quiz*

The Grand Jury recommendations for improvement of conditions at the Los Angeles County General Hospital will be taken up again tomorrow by the Board of Supervisors.

This was determined today at a conference in the office of Supervisor Gordon L. McDonough. The conference was attended by representatives of the Grand Jury, Wayne Allen, county manager; Rex Thomson, superintendent of charities; Mrs. Nellie M. Porter, secretary of the California State Nurses' Association; Doctors Paul S. McKibben, Percy Magan, of the hospital advisory board, and Walter A. Bailey, chief of the hospital attending staff. The report was temporarily shelved by the supervisors last week. At today's meeting Mrs. Carrie Bryant, chairman of the Grand Jury hospital subcommittee, charged that the nursing situation was very bad and the nursing staff entirely inadequate.

#### Lack of Nurses

"There are not enough nurses and something should be done to remedy conditions," she said.

She recommended, according to the Grand Jury report, the establishment of a board of regents by a charter amendment to govern the hospital.

Mrs. Porter pointed out that conditions had been allowed to "linger along" for the past two years and that no action should be immediately taken to set up a board of regents. She suggested that an administrative director of the hospital be appointed.

#### Questions Legality

Supervisor John Anson Ford questioned the legality of the Grand Jury report and declared that a board of regents is not the answer.

"What the hospital needs is a competent administrator," he said.

Doctor Bailey said the institution requires many more nurses than it has at the present time.

It is expected that the hospital advisory committee will consult with Rex Thomson and Wayne Allen before submitting recommendations.

#### Five-Point Plan

The Grand Jury recommended adoption of a five-point program, including an improved social service department, better nursing facilities and more nurses, improved billing and collection service and creation of a board of regents.

Supervisor Gordon L. McDonough said he will ask the Board of Supervisors to place in effect immediately at the county's general hospital recommendations made by the Grand Jury for adjustments in administration.

The supervisor said he will ask the board to approve the Grand Jury report and instruct Rex Thomson, superintendent of charities, and Wayne Allen, county manager, to make the changes.—Los Angeles *Herald and Express*, December 18, 1939.

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### Health Service Changes Fees

*Eight New Rules to Go Into Effect*

A new schedule of fees to be charged members of the city employees' Health Service System was in effect today, and eight changes in rules defining the service offered members and dependents will go into effect Monday.

The revised fee schedules provide for reductions up to $100 for operations. Further adjustments of fees are expected to result from conferences between officials of the system and the San Francisco County Medical Society.

Changes in the service to be provided after Monday include holding the system liable for only five office visits to doctors by any one member during a month, requiring physical examination of all dependents enrolled in the future, increasing the assessment for each minor dependent from $1 to $1.50 a month and barring dependents less than 1 year old from benefits of the system.—San Francisco *News*, December 27, 1939.

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### Hospitals Lose Patients' Suits for Damages

With two decisions of importance to privately owned institutions throughout California, the State Supreme Court yesterday discarded a long-established rule of law which, under most circumstances, exempted charitable organizations from liability for the negligence of their employees.

The court ruled against both the Providence Hospital of Oakland and the Hospital of the Good Samaritan at Los Angeles, upholding judgments won by persons injured while patients.

In the Providence Hospital case, Mrs. Elizabeth Silva, 74, of 2134 Sixtieth Avenue, Oakland, recovered a $3,000 judgment for a fractured hip sustained in a fall from bed.

#### Alleged Negligence

She charged that nurses had negligently failed to equip the bed with a sideboard. The hospital claimed exemption as a charitable institution.

In a 16-page opinion written by Justice Douglas L. Edmonds, the court assumed that the hospital is a charitable institution, but ruled that, even as such, it is liable to paying patients whom it injures.

The court found the Providence Hospital "a typical example" of the modern hospital conducted as a business enterprise, despite its charitable purposes and its assumption of heavy charitable burdens.

#### $2,250 Awarded

In the Los Angeles case, the late Charles E. England recovered a $2,250 judgment in a suit charging that he was burned through the negligence of a nurse in exposing him to hot water bottles.

Justices Curtis, Houser, Carter and Gibson and Chief Justice Waste concurred with Justice Edmonds in both cases.

Justice John W. Shenk wrote dissenting opinions in both. In the Providence Hospital case, he asserted:

"The conclusions in the majority opinion are contrary to the declared policy of the State and the overwhelming weight of authorities elsewhere."—San Francisco *Chronicle*, December 29, 1939.

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# LETTERS

**Subject: Opinions of Attorney-General of California.**

**1. Opticians' Law.**

**2. California Registration of Public Service Medical Officers.**

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

Sacramento, California,
January 8, 1940.

California and Western Medicine
George H. Kress, M. D., Editor
Addressed

Dear Doctor:

Enclosed please find copy of Attorney-General Warren's opinion No. NS2220, dated December 26, 1939, relative to the so-called registered dispensing opticians' law.

We also enclose copy of Attorney-General's opinion No. NS2209, dated December 27, 1939, relative to the obligation of full-time medical officers in the United States Army, Navy, or Public Health Service to pay the annual tax if the holder of a California medical license.

We believe that both of these opinions will be of considerable interest to readers of CALIFORNIA AND WESTERN MEDICINE.

420 State Office Building.

Very truly yours,
C. B. PINKHAM, M. D.,
*Secretary Treasurer.*

I.

*Dispensing Opticians' Statute*

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, December 26, 1939.

Charles B. Pinkham, M. D.
Secretary-Treasurer
Board of Medical Examiners
420 State Office Building
Sacramento, California

Dear Sir:

In your communication of the 15th instant you refer to Chapter 5.5 of the Business and Professions Code, which places "dispensing opticians" under the jurisdiction of the Board of Medical Examiners. You point out that Section 2554 of the Business and Professions Code states that certificates issued pursuant to such chapter shall expire "on December 31" of the year when issued. You also call attention to the fact that:

**Individuals and firms engaged in such business on the effective date of this act shall apply for such registration within ninety days from the effective date hereof.**

As noted by you, the ninety-day period referred to terminated at midnight, December 18, 1939.

The ninety-day period referred to by you was a period during which persons engaged in the business of "dispensing opticians" might receive licenses as dispensing opticians without passing an examination, or to put the matter another way, during which appplicants with the proper qualifications might be blanketed in as licentiates thereunder.

You ask:

**1. Whether it is incumbent upon the Board of Medical Examiners to issue registration certificates at $25 each for the remaining days in the year 1939.**

**2. Whether it is incumbent upon the Board of Medical Examiners, in case registration certificates are issued for the remaining days of 1939, to demand of all registrants the payment of a fee of $25 on January 1, 1940.**

In reply, please be advised that it is the duty of the Board of Medical Examiners to issue registration certificates to those persons who qualified for such certificates prior to December 19, 1939. One of the conditions precedent to the granting of such a certificate is that the applicant accompany his application with a registration fee of $25. As the law prescribes that a certificate issued under Chapter 5.5 shall be valid, unless sooner suspended or revoked, for the current year in which issued, and shall expire on December 31 of such year, you are advised that a certificate so issued will expire on December 31 of the year 1939.

In answer to your second question, please be advised that it is not incumbent upon the Board of Medical Examiners to demand of all registrants in the year 1939 that they pay a fee of $25 on January 1, 1940.

You are advised, however, that if such registrants do not apply for a renewal of their registration prior to January 15, 1940, and accompany their applications with a renewal fee of $25, they must accompany their applications for renewal with the original $25 required, plus an additional fee of $15 to be paid on account of delinquency in renewal, and that such application for renewal be made prior to February 15, 1940.

Very truly yours,

EARL WARREN, *Attorney-General.*

(Signed) By Lionel Browne, *Deputy.*

II.

*Registration Fees of Full-Time Medical Officers in Public Services*

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, December 27, 1939.

Charles B. Pinkham, M. D.
Secretary-Treasurer
Board of Medical Examiners
515 Van Ness Avenue
San Francisco, California

Dear Sir:

In your communication of November 3, 1939, you refer to opinions NS1721 and NS1721a. Both opinions indicate that the State of California has no right to exact an annual registration fee from full-time medical officers in the United States Army, Navy, or Public Health Service. Each opinion suggests that such medical officers are not required to secure licenses to practice medicine and surgery in the State of California.

Opinion NS1721a points out that under the law no State license can be required of an officer of the United States Army, Navy, or Public Health Service, unless such officer perform other than his official duties. The last numbered opinion pointed out that, inasmuch as medical officers of the enumerated services are not required to be licensed in this State, unless they so desire, that they need not ask for the privilege of licensure in this State, but that should they do so, they must thereafter comply with our law.

We also indicated that those persons engaged in such services who failed to pay the annual registration fee due January 1, 1939, automatically lost the privilege of engaging in the practice of medicine and surgery in the State of California, though we pointed out that such loss of right to practice was not the equivalent of an automatic forfeiture of license.

Your communication suggests that the opinion of this office above referred to places the Board of Medical Examiners in an embarrassing position, inasmuch as the Board has, over a period of years, followed opinions of its previous attorneys, who advised that medical officers of the United States Army, Navy, and Public Health Service holding California licenses need not pay their annual registration fee so long as they were engaged in full-time governmental medical service and not engaged in private practice.

You further state:

**We wonder what will be the reaction when each individual in the group mentioned . . . is notified that, based on Attorney General's Opinions NS1721 and NS1721a, he has automatically forfeited his California medical license and that, based on said opinion, his California medical license can be reinstated only on payment of the $10 delinquency fee.**

In reply to the above statement, please be advised that full-time medical health officers in the United States Army, Navy, and Public Health Service, who have not paid their annual registration fees have automatically lost their right to practice medicine and surgery in the State of California, but cannot have been said to have forfeited their licenses. Such loss as they have suffered is not the result of any opinion rendered by this office, but rather is the result of their failure to comply with the law.

This office cannot answer your query as to what action will be taken by the auditors of the accounts of the Board of Medical Examiners when they are made cognizant of the opinions heretofore rendered by this office.

You thereupon ask three specific questions as follows:

Please advise us whether:

(*a*) Opinions NS1721 and NS1721a become effective as of the date appearing thereon?

(*b*) We shall notify each and every full time medical officer of the Army, Navy and Public Health Service that through failure to pay the annual registration fee, due January 1, 1939, and delinquent sixty days thereafter, they have forfeited their California medical license;
or whether:
(*c*) We shall notify such California medical licentiates engaged in full time service as Medical Officers of the United States Army, Navy or Public Health Service that under the opinions under discussion herein all that will be necessary for them to do will be to pay the $2 annual registration fee, due January 1, 1940, and delinquent sixty days thereafter.

In reply, please be advised that opinions NS1721 and NS1721a were retroactive in effect and relate back to the time annual registration fees were first not collected from the individuals above mentioned.

You should not notify each and every full-time medical officer of the enumerated classes that through failure to pay their annual registration fees due January 1, 1939, and delinquent sixty days thereafter, that they have forfeited their California medical licenses. You should, however, inform each and every one of said officers in said services who have failed to pay their annual registration fees in the past that they have lost their right to practice medicine and surgery in the State of California—even though their licenses have not been forfeited—and that they may secure their right to again practice only upon payment of *all* delinquencies. Delinquencies should include the fee of $10 as well as the annual tax for registration since their failure to pay the same.

The answer to the above question is, likewise, an answer to your question (*c*) above set forth.

Chapter 223 of the Statutes of California, 1919, to which you refer, is not applicable to the situations herein discussed. It relates only to the refunding of taxes collected by mistake.

Very truly yours,
EARL WARREN, *Attorney-General.*
(Signed) By Lionel Browne, *Deputy.*

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**Subject: Concerning vitamine medication.**

THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS
OFFICE OF THE SECRETARY

Chicago, January 4, 1940.

Dr. George H. Kress, Secretary
Addressed

Dear Doctor:

We are enclosing a copy of a resolution passed at the forty-first annual convention of the National Association of Retail Druggists held in St. Paul, Minnesota, October 9 to 13.

In the belief that the public is best served by medication if used under the prescription or direction of a physician and that indiscriminate sales of medical products are detrimental to public welfare, this resolution was adopted by our body.

It would be appreciated if your organization will lend such support as may be possible in influencing manufacturers to exercise reasonable control over the distribution of outlets for their products.

205 West Wacker Drive.

Very truly yours,
J. W. DARGAVEL,
*Executive Secretary.*

* * *

(COPY)

WHEREAS, Since the comparatively recent discovery and developments of vitamines, many avenues of distribution such as mail order houses, grocers, etc., are selling such vitamines; and

WHEREAS, The sale by such outlets is detrimental to public welfare; therefore, be it

*Resolved,* That in the interest of public health the sale of such products should be restricted to drug stores; and be it further

*Resolved,* That until such time as proper safeguards to circumscribe the sale of vitamine products can be promulgated, the National Association of Retail Druggists specifically requests vitamine manufacturers to restrict their sale to drug channels; and be it further

*Resolved,* That a copy of this resolution be sent to the American Medical Association and to all state medical societies.

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**Subject: Appropriation for Army Medical Library Building in Washington, D. C. Request for coöperation.**

(COPY)

AMERICAN MEDICAL ASSOCIATION
BUREAU OF LEGAL MEDICINE AND LEGISLATION

Chicago, Illinois, January 8, 1940.

Dr. George H. Kress, Secretary
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

President Roosevelt, in the budget for the fiscal year of 1941 that he submitted to Congress, January 4, included an item of $600,000 for the acquisition of a site for a new building in which to house the vast collection of invaluable medical literature comprising the Army Medical Library and Museum. A copy of the pertinent budget item is enclosed.

The budget is before the Committee on Appropriations of the House of Representatives of which Congressman Albert E. Carter of Oakland and Harry R. Sheppard of San Bernardino are members. Before the sum recommended by the President for the site for the new building can become available, it is necesary that the item be included in an appropriate appropriation bill. I believe it will be helpful toward that end if the California Medical Association urge Representatives Carter and Sheppard to exert their influence to have the House Committee on Appropriations, in which appropriation bills originate, take the necessary steps to make available the recommended sum as expeditiously as practicable.

The House of Delegates has repeatedly recognized the urgent need for this new building and has passed resolutions petitioning Congress and appropriate federal officials to act with respect to the matter.

535 North Dearborn Street.

Yours truly,
J. W. HOLLOWAY, JR.,
*Acting Director.*

* * *

(COPY)*

San Francisco, January 15, 1940.

The Honorable Albert E. Carter
Congressman, Sixth California District
Washington, D. C.

Dear Congressman Carter:

As a member of the House Committee on Appropriations, the item in President Roosevelt's "budget providing for an acquisition for a site for the new building of the Army Medical Library," will come to your attention.

The California Medical Association is much interested in the development of the Army Medical Library and Museum, as you will perceive if you will read the enclosed editorial from the March, 1937, issue of the OFFICIAL JOURNAL.

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* Members of the California Medical Association who wish to coöperate may write letters to Congressmen Carter and Sheppard.

President Charles A. Dukes of Oakland, and other officers and members of the California Medical Association would appreciate very much your active interest in promoting the passage of this item.

With all good wishes, and hoping that we may have your continued coöperation.

Cordially yours,
GEORGE H. KRESS, M. D.,
*Secretary.*

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**Subject: Melanoma: Report of Case.**

January 24, 1940.

*To the Editor:*—I was interested to read the paper on thirty-five cases of melanoma by Doctors Taussig and Torrey, which appeared on page 15 of the January issue of CALIFORNIA AND WESTERN MEDICINE. I have not been able to find reported in the literature a report on a patient under five years of age who had been cured.

About two and one-half years ago I attended a girl of seven, who, while dancing, was kicked in the foot, and within a week a small "freckle" grew rapidly to the size of one-half a dime. Dr. Orville Meland was called into consultation by me, and advised immediate wide excision by electrosurgery. This I did in August, 1937, and to date the patient is well, happy, and free of metastasis.

This case differs from those mentioned in the Taussig-Torrey report in that a rapid growth was noted by the patient's family within a week, while in the cures reported in the Taussig-Torrey paper the lesions had been slowly growing for years.

Very truly yours,
SAMUEL P. DANNO, M. D.

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**Subject: Court opinion in malpractice case—On sulfanilamide.**

Los Angeles, January 15, 1940.

*To the Editor:*—I am enclosing a portion of Judge Clement L. Shinn's decision in the malpractice case which he dismissed in his court January 10, 1940. It involved a death following the administration of sulfanilamide, possibly one of the few recorded deaths and, likewise, one of the few recorded lawsuits following.

I believe, in fairness to Judge Shinn, who apparently always has had the interests of the medical profession at heart, we should publish this short résumé in the medico-legal section of our State JOURNAL. Trusting that it can and will be done, I am

2212 West Third Street.
Yours fraternally,
CHARLES E. STOLZ, M. D.

* * *

In the Superior Court of the State of California in and for the County of Los Angeles. Department 19. Clement L. Shinn, Judge.

No. 436,146. Opinion of Court.

The Court (continuing): This young man was being given a dangerous drug. He was not being treated for a consideration; he was being treated for his own good by an experienced doctor—a man who appears to me to be a competent and conscientious man. There are, of course, recognized and unavoidable dangers in certain types of treatment, and physicians as a rule do their utmost to minimize these dangers. The medical profession has to progress, not for its own good, but for the good of humanity, and types of treatment which are efficacious cannot be abandoned because they are not utterly safe. Accidents will happen. Here was a young man who fell in that indeterminable class who cannot tolerate or handle this drug in considerable quantities. It does not appear that there was any way for the medical profession to tell who could or could not handle the drug except by using it and watching the results, and when they tried it out on this patient they were not doing wrong by him. If they had been successful, it would have changed his entire life. He certainly was leading a miserable existence the way it was. He had had other treatment. It may be that this remedy was the only one that would have reached his case. We don't know about that.

He did what appeared to be the right thing in going to the clinic and submitting to the treatment. The drug was not given in excessive quantities. The young man was given printed instructions advising him to watch for certain enumerated manifestations of ill effects. These instructions had been carefully prepared by competent authorities and listed the unfavorable reactions that were known at that time. He was instructed to report to the doctor immediately upon the discovery of any of these symptoms, and he was an intelligent young man. Once a week he was examined and tests which were generally used by the profession at that time were made. No evidence of unfavorable reaction occurred until the end of the fifth week, at which time the treatment was stopped. It appears from the evidence that the treatment was administered scientifically, skillfully and carefully, and that the results which followed could not have been anticipated. The treatment was proper under all of the circumstances. The unfortunate consequence was not the result of negligence.

Judgment will be for the defendants.

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**Subject: Ray Lyman Wilbur of California, on the objectives of the American Social Hygiene Association.**

(COPY)

A LETTER FROM THE PRESIDENT

Dear Thirty Thousand Members of the Association:

The year 1939, in almost all respects, has been the most satisfactory of the Association's twenty-six years of national service. You, of course, have helped to make it so by your interest and friendship, your inquiries, your helpful suggestions and your many calls upon national headquarters for advice, services, and materials which it is our job to furnish. High points we'll remember are:

Third National Social Hygiene Day, February 1, 1939, with the annual meeting in Washington, D. C., the *Snow Medal* awarded to Surgeon-General Parran, and five thousand meetings occurring across the country.

Passage of premarital examination laws in nine states (nineteen states now have them) and prenatal examination laws in fourteen states (total now seventeen).

Appropriation by Congress of $5,000,000 to aid the states and communities in the second year of the nation-wide campaign against syphilis and gonorrhea, 1939-1940, and more than this sum from the states and communities.

The Association's exhibit, Social Hygiene in Your Town, at the New York World's Fair (with 250,000 visitors clocked through, and many new friends gained), plus the Association's spirochete film shown at the fine syphilis exhibit in the next corridor, sponsored by Parke Davis Company.

The lively interest and effort of the 1,500 youth groups coöperating with the Association's Youth Service.

The widespread recognition of sound sex education as a necessary part of efforts to wipe out the venereal diseases, quite aside from its acceptance as a means of building successful marriage and family life.

The warm welcome and hearty approval of the Association's new talking motion-picture film on syphilis, "With These Weapons," now in country-wide distribution.

The many pleasant informal gatherings of the clan at various points throughout the land and various times, including the Buffalo Institute held in connection with the National Conference of Social Work and the American

Medical Association meeting in St. Louis last May, the fine community meeting in October in Pittsburgh during the American Public Health Association meeting, and the Conference of Executives at national headquarters a little later. The Association's staff in the course of such meetings and general field work visited every state in the Union.

So we wind up this first year of the Association's second quarter-century with prospects bright for the Fourth National Social Hygiene Day, February 1 next, and a rousing and important conference at Chicago, described in the *Monthly Social Hygiene News*, as further great steps in the 940 advance of the eight-point program, and the onward sweep to wipe out syphilis and gonorrhea.

This indeed is a satisfactory review and a promising outlook. But there is one respect in which activity and achievement are not coming up to plans and specifications. This, as you would guess, concerns the securing of sufficient funds to meet the ever-growing demands upon the Association. Although members and contributors have increased in number some 800 per cent in the last two years, the per capita amount of gifts steadily declines. If we are to "hold that line," we must change this situation, and I call on you to help in this way as you have in so many others.

May we count on you for 1940? . . .

Faithfully yours,

RAY LYMAN WILBUR.

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**Subject: Appropriation for the Army Medical Library in District of Columbia.**

*Comment:* The Army Medical Library at Washington, D. C., has long been in need of better quarters. The subject has been discussed, off and on, in CALIFORNIA AND WESTERN MEDICINE and other medical journals.

In the appropriation bill before the present Congress, the item has been included in this year's budget.

The Appropriations Committee of the House of Representatives has as members two California congressmen: Hon. Albert E. Carter of Oakland and Hon. Harry R. Sheppard of Yucaipa, in San Bernardino County.

Members of the California Medical Association who wish to promote the interests of scientific medicine in the United States may well write to these two congressmen and to other California representatives and senators urging support of this appropriation.

Below is appended the copy of a letter, in which additional information is given:

(COPY)

San Francisco, January 15, 1940.

The Honorable Harry R. Sheppard,
Congressman, Nineteenth California District,
Washington, D. C.

Dear Congressman Sheppard:

We have been informed that you are a member of the House Committee on Appropriations, before which committee, the item of the acquisition of the site of a new building for the Army Medical Library as submitted by President Roosevelt, will come up for consideration.

We are writing to express the hope that you may be able to give active support to bring about the enactment of this appropriation in which members of the medical profession are greatly interested.

We enclose a copy of an editorial from our OFFICIAL JOURNAL of March, 1937, in which the Army Medical Library is discussed. We hope you will have the time to scan this so that you may better understand why the medical profession is so wholeheartedly in favor of better facilities for the Army Medical Library.

I know that Past President William W. Roblee of Riverside, and other officers of your congressional district, will have special appreciation for any good efforts you may use to secure this appropriation.

With all good wishes, and hoping to have your continued coöperation,

Very truly yours,

GEORGE H. KRESS, M. D.,
*Secretary.*

# MEDICAL JURISPRUDENCE†

*By* HARTLEY F. PEART, *Esq.*
*San Francisco*

## Charitable Hospitals Are No Longer Exempt From Liability for Injuries to Patients Caused by Negligence of Hospital Employees

Two recent decisions of the California Supreme Court have brought about a change in the liability of charitable hospitals for injuries to patients. Heretofore, these hospitals enjoyed an exemption from liability which private hospitals operated for profit did not enjoy. The exemption was based on long established policy and was upheld by the courts on three different theories of nonliability. The most generally stated theory was the so-called trust fund doctrine first announced in England in the early nineteenth century. According to this view the patron deals with the charity upon the condition that the trust assets are not available to him for the payment of damages.

Another theory upon which the rule of nonliability has been based is that by implied contract one who accepts the services or care of a corporation organized and operated for charitable purposes waives his right to hold it liable for tort.

Other courts have flatly stated that such an organization can not be held liable for tort upon the ground of public policy.

These three principles of exemption, it should be stated, have only been applied in favor of patients. Employees and strangers have for many years been allowed full recovery.

The first of the two recent decisions is *Silva* vs. *Providence Hospital of Oakland*, 99 Cal. Dec. 20. Here, there was presented squarely for decision the question: Is a charitable corporation liable for an injury negligently inflicted by an employee acting within the scope of his employment? The facts of the case were as follows: While the plaintiff was a patient in the hospital and paying the amounts charged by it for the services rendered to her, she fell and fractured her hip by reason of the negligence of the hospital nurse in failing to equip her bed with a side board. The hospital conceded the sufficiency of the evidence to support the findings on the issue of negligence but challenged the findings upon the ground that as a result of defendant's charitable nature, it should be exempt from liability. The evidence disclosed that since 1903, when it was incorporated under the laws of California, the hospital has been a nonprofit corporation. The object and purpose of the corporation is to erect and maintain one or more hospitals to provide medical and surgical care for sick and disabled persons; it has no capital stock; its members and officers derive no pecuniary profit from the operation of the hospital and serve without pay; poor and needy persons are admitted to the hospital without distinction of class or creed and charity patients are afforded the same treatment as patients who pay for services rendered. The hospital is owned by the Sisters of Charity of Montreal, Quebec. After acquiring land, the sisterhood erected a hospital with money borrowed from the Roman Catholic Archbishop of San Francisco and thereafter solely from the earnings of the hospital they paid off this indebtedness, acquired a new site and erected a second hospital.

In 1936, the year of plaintiff's injury, the hospital's income from patients was sufficient to meet all of its operating expenses, taxes and interest and to pay $11,000 on its indebtedness. Six per cent of the patients were cared for as a matter of charity, 30 per cent paid the charges of the hospital in part, and the balance (64 per cent) paid their

†Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

bills in full. So far as plaintiff was informed, the hospital did not agree to furnish any care or treatment at less than the regular rate.

In holding the hospital liable for injuries to Mrs. Silva, the Supreme Court stated that many charitable hospitals of today are of a somewhat different nature than the charitable hospitals of the past. Today, although many hospitals receive some financial assistance from charitable gifts, the court thought it unquestionably true that by accepting some patients who pay full rates and by setting aside reserves for expansion, their nature is no longer strictly charitable but merely nonprofit. Because of this fact the court held that each of the three theories of nonliability have become inapplicable. The court in adopting an excerpt from an opinion rendered in another case stated:

**It would seem that a sound social policy ought, in fact, to require such organizations to make just compensation for harm legally caused by their activities under the same circumstances as individuals before they carry on their charitable activities. The policy of the law requiring individuals to be just before generous seems equally applicable to charitable corporations. To require an injured individual to forego compensation for harm when he is otherwise entitled thereto, because the injury was committed by the servants of a charity, is to require him to make an unreasonable contribution to the charity, against his will, and a rule of law imposing such burdens cannot be regarded as socially desirable nor consistent with sound policy.**

One justice dissented and in his dissenting opinion stated that he could not agree with the prevailing opinion for two reasons. In the first place, he challenged the test for exemption from liability based on the ability of the patient to pay. A poor man is just as much entitled to good treatment at a hospital as a rich one and is just as much in need of it. In the second place, he thought that the reasoning and conclusions of the prevailing opinion are contrary to the declared policy of this state and the overwhelming weight of authority elsewhere. It was his opinion that less than eight states have held that charitable institutions are liable for the negligence of their employees on the same basis as private profit making corporations. He stated:

**. . . the true test is the general nature of the institution and whether it is maintained for the purpose of profit or for that of service, and not the extent or cost of the benefit which the patient or beneficiary has received by availing himself of its privileges.**

The other decision affecting charitable hospitals was announced contemporaneously with the *Silva* decision and is entitled *England* vs. *Hospital of the Good Samaritan*, 99 Cal. Dec. 38.

In this case a patient in the hospital was burned by hot water bottles which a nurse placed against his body. The case thus involved the same point of law that was involved in the *Silva* case and the same conclusion was reached.

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*New Drug to Aid Treatment of Syphilis Is Announced.* A warning of the menace to the individual and to the public health that exists in self-treatment of syphilis is sounded by *The Journal of the American Medical Association* in commenting on an announcement in the same issue of *The Journal* of the acceptance by the Association's Council on Pharmacy and Chemistry of a new drug, sobisminol mass, which can be taken by mouth as part of the treatment for syphilis, and sobisminol solution, for injection in treating the disease.

Heretofore the standard method used by most physicians in the treatment of the disease has been the alternating injection into the vein of arsenical compounds based on the famed discovery of Ehrlich, and injections into the muscles of the hip of bismuth compounds. The new drug is not a substitute for this treatment, but must be taken in conjunction with the injection of one of the arsenical compounds.

*The Journal* points out that with the standard method of treating syphilis "the disease is under constant attack by the respective metallic compounds. Physicians who use the injection technique may be assured that the patient has received the prescribed dose. The routine weekly schedule facilitates the observation of the effect of the tratment on the disease and on the patient. Regularity of examination and treatment is important to both the patient and the physician. It affords frequent opportunity for mental and moral influence, and encouragement by the physician. It aids in the maintenance of adequate records, which are useful in statistical evaluation of various treatment systems. Perhaps most important to the individual and to society, routine administration of medication provides the physician with an effective means of insuring the prolonged coöperation of the patient—an essential requirement for the successful termination or control of the disease. Any plan of treatment which lacks these advantages requires serious consideration from a public health and socio-economic point of view before it is accepted as a suitable method for the treatment of syphilis. . . .

"There are, of course, certain instances in which the giving of a drug by mouth would be a valuable adjunct in syphilis treatment. It can be used with caution for those individuals whose business or profession necessitates occasional absences from the physician's supervision. It should prove useful for persons who have unusual difficulty in taking injections into the muscle because of resultant pain and hardening of the muscles.

"Sobisminol mass must not be sold over the counter as a cure for syphilis. If it were thus marketed, the product would be a real danger and detriment to the public health. Both its discoverer, Paul J. Hanzlik of Stanford University Medical School, and the manufacturers are most anxious that no such contingency shall arise. Therefore, according to agreements between the board of trustees of Stanford University and each of the three firms already licensed to manufacture the product, every legal effort is being made to prevent the sale of capsules of sobisminol mass to the public other than on or by the prescription of the physician.

"The ultimate evaluation of the therapeutic efficacy of a new drug such as sobisminol mass necessarily requires a long time. The close coöperation of Doctor Hanzlik and other investigators, the manufacturers, the Food and Drug Administration and the Council on Pharmacy and Chemistry in careful studies designed to evaluate and control this new product properly is highly commendable.

"Supplying the drug directly to the public would obviously result in inadequate treatment of unrecorded and uncontrolled cases and thus would become a serious menace both to the individual and to the public health."

In the same issue of *The Journal* are the reports of two groups of physicians who have made a study of the results of treating syphilis with sobisminol mass.

Both groups report encouraging results. Willard M. Meininger, M. D., and Charles W. Barnett, M. D., San Francisco, in their report state that: "It is a valuable addition to antisyphilitic treatment and certainly deserves further trials."

Julius R. Scholtz, M. D., Katherine D. McEachern, M. D., and Clyde Woods, M. D., Los Angeles, state that their work with the drug "does not allow us to say that sobisminol mass taken by mouth can be substituted for other forms of bismuth in the routine treatment of early syphilis. All circumstantial evidence points to the fact that sobisminol mass taken by mouth will do whatever any other bismuth preparation will do." They warn, however, that "the ultimate proof lies in a treated series of cases observed for several years" and conclude their paper with the statement that:

"If bismuth treatment by mouth receives approval, great care must be exercised in the control of its distribution. Self-treatment with syphilis is worse than no treatment."

# TWENTY-FIVE YEARS AGO†

## EXCERPTS FROM OUR STATE MEDICAL JOURNAL

### Vol. XIII, No. 2, February, 1915

*From Some Editorial Notes:*

*Warning! New Law; Heavy Penalties!*—The Harrison Bill regulating the sale of habit-forming drugs was passed by the last Congress and becomes a law of the United States on March 1, 1915. This is a Federal law and affects every person in the United States who has occasion to buy, sell, dispense, give away, use or have in his possession any of the habit-forming derivatives of opium or cocoa. Every physician in practice makes use of such drugs more or less often; after March 1 he cannot do so lawfully unless he has taken out the Government license to be had by application to the Collector of Internal Revenue of the district in which he lives. The penalties for violation of this law are heavy fine or imprisonment or both. And the law applies to you; to every physician in the United States; do not forget that! Do not think there is any way of avoiding it or that it does not apply to you personally. You must comply with it or get into trouble. The license fee is small—only $1 per year—but it must be taken out each year and the fact that you hold a license must be of record in the Collector's office.

Why were we not advised of this before? The good Lord, in His inscrutable wisdom, only knows the vagaries and stupidities of some of our high-priced Federal department chiefs. Doubtless some fathead chief in some office having the administration of this law in charge, assumed that all physicians, pharmacists, dentists, etc., were natural-born mindreaders. When the mails are to be weighed for fixing railroad mail contracts, tons of seeds, agricultural reports, etc., are sent free of postage. When something important like this comes along, our poor, starving Government cannot afford to send a circular letter of information to the professional gentlemen most interested. . . .

Be on the safe side; take out your license before March 1.

Apply to Collector of Internal Revenue—district in which you live.

* * *

*Dues! Dues! Dues!*—Be sure to pay your dues to your county medical society before March 1. It is a very important matter and no longer a mere trivial detail. To administer the business attached to the legal department of the State Society and to safeguard the rights of over 2,500 individual physicians who are members, is no small thing and it must be done on a business basis. . . .

The $6 assessment is a very small matter in comparison with the hundreds, and in some cases thousands of dollars which it costs to defend a suit for alleged malpractice. And you never can tell whether or when you will be sued. In nearly every case of such suit, the doctor writes or says: "I had no idea of this! I never was sued before!" There always has to be a first time for anything and you never can tell whether the lightning will strike you next, or someone else. If your dues are paid to your county secretary before March 1, and you have a receipt or a cancelled check to show for it, you need not worry about the rest; you will be protected. But remember, in all fracture cases, take an x-ray plate of the broken bone or bones and keep the plate; do not give it to the patient to keep as a souvenir! Be sure your dues are paid!

(Continued in Front Advertising Section, Page 22)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

# BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

*By* CHARLES B. PINKHAM, M. D.
*Secretary-Treasurer*

### News

"Persons suing public employees for injuries caused by negligence, must file a claim with the employee and his employer within ninety days after injury, according to an important decision yesterday by Superior Judge Clarence M. Hanson in upholding the constitutionality of a state law. Decision was in a suit by Jene Jackman against Dr. Joseph H. Patterson and Dr. J. Burbridge, employees at the County Hospital. (Case No. 441431.) In this case because the County Hospital is operated in a governmental capacity the plaintiff could not sue the county but brought his action against the two physicians, alleging that he was injured in the hospital as the result of negligence on their part. He did not file his claim within ninety days as required by the 1933 General Laws. . . . Act 5150 requires persons suing a public employee to file their claim with such employee as well as his employer within ninety days of injury. The plaintiff failed to file such a claim here and asserted it was not necessary because the law was not valid. Judge Hanson's decision is expected to affect thousands of public employees." (Los Angeles *Journal,* December 16, 1939.)

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"The Federal Trade Commission announced today it has issued a complaint against certain advertising representations by an Oakland, California, firm dealing in Chinese herbs. The complaint is directed against members of the partnership trading as Fong Wan. It asserts the herbs are 'not a remedy or cure for any of the ailments or diseases' named by the firm in newspaper and periodical advertising and a booklet designated Herb Lore. The complaint also contends the herbs do not and cannot 'wash away any diseases from the human body,' that Partner Fong Poy, also known as Fong Wan, cannot diagnose or heal diseases or ailments and has not restored anyone's health by the use of Chinese herbs. Among the ailments for which the department said the advertising set forth the herbs as a remedy are heart trouble, high blood pressure, colds, influenza, asthma, pyorrhea, cross eyes, cancer, goiter, liver and gall-bladder trouble, diabetes, nervous attacks, arthritis, obesity and headaches." (Sacramento *Bee,* December 15, 1939.) (Previous entries, June and July, 1926; January, 1928; August, 1931; April, 1932.)

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"The Mexican Government today was reported to be contemplating measures that would restrict activities of two powerful border radio stations—those operated by Dr. (J.) R. Brinkley and Norman T. Baker. Official circles here said Brinkley's station in Villa Acuna—one of the strongest in the world with 180,000 watts power—and Baker's 50,000-watt station in Nuevo Laredo, had interfered for several years with American broadcasts originating in Texas, the Middle West and even states on the Canadian border. The Mexican action would be based on the recently ratified North American regional broadcasting treaty. The treaty was designed to end international radio interference by allocating specific wave bands to each nation for the exclusive use of stations in that country. With a restricted number of wave lengths—instead of the whole broadcasting range as formerly—shortly to be divided among Mexico's extensive radio industry, sources

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† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.